

From: WebMaster@fns.usda.gov  
Sent: Friday, November 03, 2006 1:07 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Wendi Myers, RD  
EMAIL: WMMyers@SolanoCounty.com  
CITY: Fairfield/Vacaville  
STATE: CA  
ORGANIZATION: Solano County WIC Program  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 03, 2006  
Time: 01:06:50 PM

COMMENTS:

On behalf of the 12,000 Solano County WIC participants we serve, thanks for the long awaited proposal. I only hope that this proposal is swiftly accepted and implemented. As a WIC RD, I am excited about the option to provide healthy, culturally appropriate choices that align with our nutrition education messages to help supplement the nutrients lacking in my clients' diets.

As we all know, fruit and vegetables are costly and there have been several documented success stories here in California both in Calaveras County and in South Central Los Angeles that providing clients with cash-value vouchers increased their fruit and vegetable consumption. These proposed changes are an excellent way to introduce families to making healthy food choices they will need for a lifetime.

From: WebMaster@fns.usda.gov  
Sent: Friday, November 03, 2006 1:43 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Linda D. Walfield  
EMAIL: lwalfie@vdh.state.vt.us  
CITY: St. Albans  
STATE: VT  
ORGANIZATION: Vermont Dept. of Health  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 03, 2006  
Time: 01:42:32 PM

COMMENTS:

I want to express my support for the proposed food package changes being considered. I have worked in WIC for 20 years - in North Carolina and now in Vermont. The changes proposed would correct some of the things we have had to apologize for or make excuses for as we did counseling with our clients. This includes the current excess milk, eggs and juice, and the lack of fruits & vegetables. It would be great to see soy alternatives as this is much needed for many people. The whole grain products will give valuable nutrition and a good example to follow. The changes proposed would supply better nutrition to our clients and improve the image of the WIC program in the eyes of the nutrition conscious public. Please accept the proposed changes.

LA-1382

---

From: Polly Ellsweig [pellsweig@co.stokes.nc.us]  
Sent: Friday, November 03, 2006 11:53 AM  
To: WICHQ-SFPD  
Subject: Docket ID number0584-AD77, Food Package Rule

I think it is of highest priority that the WIC Food Package Program include whole grain breads/cereals, green/yellow vegetables and a variety of fruits. As a professional dietitian I have been educating the public in all my positions about the importance of more fruits and vegetables in their diets. There is lots of new research available to validate this fact. I have provided resources to patients and health professionals for years about the importance of fruits, vegetables and grains in the human diet.

Polly Ellsweig M.Ed., R.D., L.D/N  
WIC Nutrition  
Stokes Family Health Center  
1009 North Main Street  
Danbury, N.C. 27016  
pellsweig@co.stokes.nc.us  
336-593-2402

From: WebMaster@fns.usda.gov  
Sent: Friday, November 03, 2006 1:28 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Nancy Wharton  
EMAIL: nwharton@spokanecounty.org  
CITY: Spokane  
STATE: WA  
ORGANIZATION: Spokane Regional Health District WIC Program  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 03, 2006  
Time: 01:28:21 PM

COMMENTS:

I encourage and am in favor of the changes in the WIC food package. It is long overdue. I have worked for the WIC program in Montana and Washington for a total of 18 years and am excited and pleased to see the growth in a positive direction. Thank you.

LA-1385

From: Lynn Zumwalt [zumwal@lpha.dhss.mo.gov]

Sent: Friday, November 03, 2006 1:38 PM

To: WICHQ-WEB

Subject: food package changes

Long overdue, well-appreciated. This is a sweeping change that takes into consideration ethnic diets; we are a diverse nation. WIC give such encouragement to breastfeeding mothers and that give us, as a local unit in Missouri the opportunity to respond to breastfeeding moms and those who are pregnant and plan to breastfeed the materials and encouragement they need, offering loving support but no condemnation if things go miserably bad and they are unable to breastfeed their infants. Thanks for a good program and for being progressive in this plan.

LA-1386

From: WebMaster@fns.usda.gov  
Sent: Friday, November 03, 2006 11:04 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*

\*\*\*\*\*

NAME: elena bermudez  
EMAIL: juanah@clnicasdesalud.org  
CITY: calexico  
STATE: ca  
ORGANIZATION: clinicas de salud del pueblo  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 03, 2006  
Time: 11:03:41 AM

COMMENTS:

i think this changes will be very helpful

LA-1387

From: Alicia Elliott [elliotal@ohsu.edu]  
Sent: Saturday, November 04, 2006 1:08 PM  
To: WICHQ-SFPD  
Subject: Docket ID # 0584-AD77, WIC food package rules

Patricia N. Daniels, Director  
Supplemental Food Programs Division  
Food & Nutrition Service, USDA

Dear Ms. Daniels,

My name is Alicia Elliott and I am writing in favor of the proposed changes to the Special Supplemental Nutrition Program, for Women, Infants and Children. I have a Bachelors of Science degree in Nutrition and Food Management from Oregon State University and am currently a dietetic intern at Oregon Health & Science University. At this time I am on rotation at a WIC clinic in Woodburn, Oregon. I feel that the proposed changes are long overdue and will produce beneficial & positive changes to the program.

I was pleased to see the addition of fresh fruits, vegetables and whole grains. The addition of these food groups will help to provide more adequate and beneficial nutrients while fighting the obesity epidemic. The addition of fresh fruits and vegetables will provide the vitamin C that is currently being offered in the 100% WIC juices plus will provide other vitamins like, vitamin A and Folic Acid. Furthermore, the fresh fruits and vegetables will reduce the amount of sugar that is being consumed with the juice, thus combating obesity and tooth decay. The new dietary guidelines recommend that half of our servings of grains come from whole grain sources. The new proposed food packages will help WIC clients achieve this recommendation. Additionally, whole grain packages that are added will supply many essential nutrients, including iron. Iron deficiency anemia is quickly becoming another growing concern. The supplementation to the diet of whole grains, fresh fruits and vegetables will supply maximum availability and absorption of iron. All of the added food groups also contain fiber, which aids with digestion and absorption.

Lastly, I would like to comment on the reduction of infant formula to mothers who are partially breastfeeding. It has come to my attention in the month that I have been working at this WIC clinic that six cans of formula to a partially breastfeeding mother is excessive. The new proposed package to include three cans will be sufficient and will encourage more breastfeeding. Breastfeeding provides all the nutrients that the infant needs and is more readily available than formula. This change will also help save the program money, which can be spent in more beneficial areas.

---

Changes in the food packages will promote positive changes and healthier eating habits among WIC clients. I appreciate you time in this matter and look forward to the changes that will be made.

In Good Health,

Alicia Elliott  
2006 Dietetic Intern  
Oregon Health & Science University



LA-1388

From: WebMaster@fns.usda.gov  
Sent: Saturday, November 04, 2006 10:52 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Shelley Nail  
EMAIL: snail@co.riverside.ca.us  
CITY: Palm Desert  
STATE: CA  
ORGANIZATION: WIC  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 04, 2006  
Time: 10:51:55 AM

COMMENTS:

WIC is such a great program. It feels so great to be able to help people in need. With the new proposed package I would feel so much better about the foods we're providing. The new fruit & vegetable proposal, as well as the lower fat milk & decreased juice makes so much more sense coming from a dietitian's standpoint. It will be very good for ethnic groups to have alternate choices. Please implement these changes, it will benefit all of society.

From: WebMaster@fns.usda.gov  
Sent: Saturday, November 04, 2006 2:49 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: M. Lynn Simonson  
EMAIL: mls345@yahoo.com  
CITY: Oakland  
STATE: California  
ORGANIZATION: Alameda County Health Department  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 04, 2006  
Time: 02:49:23 PM

COMMENTS:

I have been a WIC nutritionist for almost 30 years. These new proposed food package changes are long overdue. The opportunity to buy fresh fruits and vegetables is one of the more exciting parts of this package. I personally feel, however, that WIC should never offer high sugar juices (apple, grape, blended). If we offer juice, it should be low sugar, nutrient dense such as vegetable juice or orange juice. I'm hopeful that WIC participants will be able to use their fruit/vegetable WIC vouchers not only at the grocery store, but also at farmers markets. What a great opportunity for kids...and their moms...to become familiar with freshly grown produce.

Many of our WIC participants are from South East Asia. When they first arrived in this country for many (some even now) cheese was a strange food, many didn't (or can't) drink milk. We've had many requests for soy milk or tofu. Also, yogurt has been requested by lactose intolerant moms/kids. This change will be welcomed by many WIC participants and staff.

It's good to finally be able to offer more nutritious foods in this program, especially whole grains, lower fat milk, as well as fresh fruits & vegetables. After all, WIC is a nutrition program!

One complaint I have is that juice is still being offered, and that we may be issuing vouchers for jarred baby food fruits and vegetables. Babies after 6 months of age can eat cooked or soft fresh fruits and vegetables. It's cheaper and it tastes better!

I look forward to these positive food package changes. I hope these packages will be in place before I retire! It seems to take so long for any kind of changes to be implemented!

M. Lynn Simonson, MPH, RD

Alameda County Health Care Service Agency

LA-1390

From: WebMaster@fns.usda.gov  
Sent: Sunday, November 05, 2006 8:12 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Paula J. Brown  
EMAIL: pjbrown@spokanecounty.org  
CITY: Spokane  
STATE: WA  
ORGANIZATION: SRCHD/WIC  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 05, 2006  
Time: 08:12:07 PM

COMMENTS:

1. I do not believe it is in the best interest of all concerned to require a substitution from an MD in order to get soy based foods through the WIC program. Soy foods are staples in many cultures, they have proven nutritional value and are readily available to the public. As a substitute for other protein foods, such as peanut butter and cow's milk, it doesn't make sense to have a doctor's visit to get authorization for these foods since the food choice may be a matter of preference rather than a nutritional need. Lets respect our diversity and allow individual choice to choose appropriate comparable foods whenever possible.
2. The amount of juice that is offered through the WIC program should be limited. As a WIC Nutritionist, I frequently counsel clients about excessive juice intake and then give them large amounts of juice in their food package. I feel as if I am undermining my own counseling as I know the WIC families will drink all the juice offered even if it isn't in their best interest.
3. I strongly support offering fruits and vegetables in fresh, frozen and canned form. I know it will be a challenge to the purchasing process of the program to determine dollar/pound amounts, etc., however the quality of the food package will certainly be enhanced by the addition of fruits and vegetables.
4. White potatoes should be included as a part of any fruit and vegetable package. Potatoes are a nutritious food high us certain phytochemicals that may not be readily available in other colored fruits and vegetables. White potatoes can be prepared in a number of nutritious ways, not just served as fast food fries. Our job at WIC includes educating the clients on healthful alternatives and teaching them good nutritive cooking techniques. WE don't eliminate Mozzarella cheese just because it can be deep fried!

5. Jarred baby food fruits and vegetables should be added for children 6-9 months of age. The Certifier or Dietitian should have the option of continuing jarred fruits and vegetables from 10-12 months or switching to a small fruits and vegetable package if that is more appropriate in individual family.

6. When a baby is being exclusively breastfed at 6 months of age, it would be appropriate to add jarred baby food meats to the infant's food package. Science has shown us that an infant's iron reserve diminishes at approximately 6 months and breastmilk is not a good source of iron. A high iron food source, not just infant cereal, added to the diet at this time is important in prevention of anemia and its many devastating effects on children.

LA-1391

From: Sfrede@aol.com  
Sent: Sunday, November 05, 2006 9:10 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77 WIC Food Packages Rule

Dear Sir/Madam:

I am writing in support of the proposed WIC Food Package changes. I am a Nutritionist at the Jamaica Hospital WIC Program in Queens NY. I believe these changes will help the WIC participants in their daily intake of nutrients. Many of them already have asked for these changes. Having more fruits and vegetables in their diet will help many of the participants because so many of them can not afford fruits or vegetables. I especially agree with not giving the option of whole milk to children over 2 years old as well as breastfeeding and postpartum women. Obesity is our main health issue and we need to educate WIC participants on the importance of staying fit and keeping healthy. If we do not challenge the obesity epidemic, we are destroying ourselves as well as our children's future. I also believe that we should support breastfeeding to the fullest extent possible and help to encourage all mothers to breastfeed. The proposed food package change will definitely help with the battle against obesity. I support the changes fully. Thank you.

Sirojani Fredericks, CLC  
Jamaica Hospital WIC Program  
Queens, NY

LA-1392

From: WebMaster@fns.usda.gov  
Sent: Sunday, November 05, 2006 8:53 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Kathleen Kuhlemeier  
EMAIL: nckathy@yahoo.com  
CITY: Kannapolis  
STATE: NC  
ORGANIZATION:  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 05, 2006  
Time: 08:53:01 PM

COMMENTS:

· By delaying formula availability from WIC during the infant's first month, the mother and baby pair has a greater focus on successful breastfeeding.

· These recommendations include whole fruits and vegetables rather than just fruit or vegetable juice. This will increase fiber and offer a greater variety of nutrients to our WIC Participants.

· Delay of complementary foods (solids) until six months of age is more consistent with the American Academy of Pediatrician's (AAP) Policy recommending total breastfeeding until six months.

· I think clients will like getting baby food with the WIC Food Instruments.

· Instead of baby food maybe canned vegetables with no salt added and fruits with no sugar added to make their own baby food.

· New food packages are more consistent with our nutrition education: low fat milk, increasing whole grains, limiting juice, increasing fresh fruits and vegetables and to exclusively breastfeed for at least four weeks.

· The recommendations increase nutritional value of the food package (more vitamins, minerals, and fiber) without increasing the costs.

· A concern of the Institute of Medicine (IOM) recommendations is the implementation of such major changes.

· Question availability. Problem may be with smaller vendors that do not carry as much variety: soy beverage, baby foods, canned or fresh fruits and vegetables.

· I like the new foods! I think implement the changes could be difficult for the vendors and challenging to educate the participants!

· It will be interesting to see what effect this would have on our breastfeeding numbers – increase or decrease?

· These recommendations are a step in the right direction (i.e. decrease in formula with addition of baby foods, decrease in formula with breastfeeding). I think there should be a decrease in food packages for a family with 3+ members on WIC.

· I think that the new package is going to work very well by having different food chooses for the client. Also, I think the new package goes according to the education we are giving to the client during the consult.

· I like the idea about the cash-value voucher to get fresh fruits and vegetables!



LA-1394

From: WebMaster@fns.usda.gov  
Sent: Sunday, November 05, 2006 6:53 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Elizabeth Wheby, MSPH, MEd, RD, CD  
EMAIL: lizwheb@bluemarble.net  
CITY: Spencer  
STATE: IN  
ORGANIZATION:  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 05, 2006  
Time: 06:52:50 PM

COMMENTS:

Thank you for this opportunity to comment on the proposed and long overdue changes to the WIC food package. Having reviewed the USDA proposal and the IOM recommendations, I fully support the recommendations to decrease the amounts of milk and juice in Pkgs IV- VII, the elimination of infant juice, the addition of the requirement of all whole grain cereal, the delay of infant cereal to 6 mos, the addition of strained foods for fully breastfed infants, and the choice between canned or dry beans. I am most pleased about the addition of a fruits and vegetables category and would support the higher voucher value of \$8.00 for Pkg IV and \$10.00 for Pkgs V-VII as proposed by the IOM. I also agree with the proposed formula amount adjustments by age of infant. My only concern is the elimination of any supplemental formula for infants less than a month of age; in my opinion there should be no formula provided for breastfeed infants until after 6 mos of age, but in my experience particularly with young mothers who have limited family support, not having any formula available will cause them to choose to discontinue any breastfeeding. If formula were not available in the first month, I think overall breastfeeding rates would decline. I think it should be a limited amount (such as apx 100-200 fl oz/ mo), but I think it should be available. Thank you again for this opportunity to comment.

LA-1395

From: Beier, Barbara [Barbara.Beier@snco.us]  
Sent: Monday, November 06, 2006 9:50 AM  
To: WICHQ-WEB  
Subject: Proposed food package changes

I strongly support the proposed changes in the WIC food package. Nutrition concerns in the US have changed in the 30+ years since the beginning of the WIC program and it is time for the WIC food package to be more closely aligned with the Healthy People 2010 guidelines as well as the Dietary Guidelines for Americans. I believe the addition of fresh fruits and vegetables to the food package and the shift to encourage low fat dairy products and include soy milk products are especially beneficial to the health of our participants.

Please assure that we move forward to implement these proposals.

Barbara Beier RD, LD, CBE  
Shawnee County Health Agency  
1615 W. 8th Street  
Topeka, Kansas 66606  
(785)368-2155  
barbara.beier@co.shawnee.ks.us

LA-1400

From: WebMaster@fns.usda.gov  
Sent: Sunday, November 05, 2006 10:09 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Dori Johnson  
EMAIL: islandlady@wavecable.com  
CITY: Anacortes  
STATE: WA  
ORGANIZATION: WALWICA  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 05, 2006  
Time: 10:08:40 PM

COMMENTS:

I support the proposed rule to change the Special Supplemental Nutrition Program for Women, Infants and Children food packages. The proposed changes will greatly benefit vulnerable mothers and children. Additionally please note I strongly support adding fruits and vegetables to the food packages of women, infants and children while reducing the amount of fruit juice provided. And while I commend USDA's efforts in the proposed rule to support the initiation and duration of breastfeeding, let there be no test period for the partially breastfeeding food packages for women and infants. To further support breastfeeding, I urge the cash-value vouchers for fruits and vegetables for fully breastfeeding women be increased to \$10.

LA-1401

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 9:02 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Adrienne Fetzer  
EMAIL: fetzerchic@hotmail.com  
CITY: Milton  
STATE: PA  
ORGANIZATION: W.I.C of Snyder, Union, and Northumberland Counties  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 06, 2006  
Time: 09:01:54 AM

COMMENTS:

I support the decision to allow soy beverages onto the program; this has been a question posed by MANY of our clients for the past several years and would benefit those suffering from allergies and lactose intolerance.

I also feel that allowing canned beans on the checks is a wonderful addition. The dried beans didn't get used much in our area, many clients didn't want to take the time to learn how to cook with them. Many of our clients have asked about canned beans for years. Incorporating whole grain cereals into the program is a wonderful addition as well, and I'm glad to see that other whole grain foods are now an option such as breads, rice and tortillas.

FINALLY, someone has realized the need for fruits and vegs. I don't think you could spend enough money on this item! Most of my clients would be more inclined to incorporate more fruits and vegetables into their diets if they could afford them. Adding these foods to the WIC checks is wonderful and something that should have been done MANY years ago. I can't emphasize the importance of this enough!

I also support the addition of infant fruit and veggies with the elimination of juices. We've been fighting for years for our parents to scale down on the usage of juice, but because it was available they felt that had to offer it to their infants. The addition of baby fruits and veggies will be wonderful for the health and nutrition of our infants and will also help the purse strings of our clients.

HOWEVER, the only issue I don't agree with deals with formula. Number 1 - the issue of BR is still VERY touchy for alot of women. The concern of myself and my co-workers is that if you take away the availability of formula for that first month, many women will refuse to try BR altogether. Just knowing that it's available if they want it is enough

security for most women to at least try. THAT INITIAL STEP IS SO IMPORTANT!

Half the battle is getting these women to try! Don't make it harder for us!

Number 2 - Why are we decreasing formula at 6 months of age? I realize you'll be offering fruit and veggies at this point, but these infants still need formula. Our parents are financially burdened as it is! PLEASE consider offering steady amounts of formula AND baby foods!

LA-1402

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 9:07 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Chantale Nadeau  
EMAIL: cnadeau@vdh.state.vt.us  
CITY: Newport  
STATE: VT  
ORGANIZATION: Vermont Dept of Health  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 06, 2006  
Time: 09:06:58 AM

COMMENTS:

I fully support the proposed rule.

LA-1403

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 9:08 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Robin Johnson  
EMAIL: fetzerchic@hotmail.com  
CITY: Selinsgrove  
STATE: PA  
ORGANIZATION: W.I.C of Snyder, Union, and Northumberland Counties  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 06, 2006  
Time: 09:08:18 AM

COMMENTS:

I support the proposed changes to the food packages, particularly: addition of fruits and veggies, elimination of juices, addition of baby foods, and availability of soy foods and canned beans.

However, please consider allowing more formula for full-formula infants after 6m and also, allow mother's who are considering breastfeeding at least 1 can of formula in that first month. Many of them need that security blanket before they are willing to try.

LA-1405

From: oliver\_torretejo@verizon.net  
Sent: Monday, November 06, 2006 12:39 PM  
To: WICHQ-SFPD  
Subject: Comments on WIC Food package Rules: Docket # 0584AD77

From Agency 275: Site 01 Jamaica Hospital Medical Center WIC Program  
Nutritionist: Oliver Torretejo

I would like to comment about the addition of fruits and vegetables in the WIC food packages. This is a great idea that the participants are able to get dietary fiber as well as iron and vitamin C instead of receiving concentrated juices that contain a lot of sugar. It is also a good idea that participants are able to redeem their checks not only in supermarkets but also to a participating Farmer's Market.



LA-1406

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 1:35 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Crystal Beard  
EMAIL: cbeard@co.lincoln.or.us  
CITY: Newport  
STATE: Oregon  
ORGANIZATION: WIC  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 06, 2006  
Time: 01:34:31 PM

COMMENTS:

I think this would be great

LA-1408

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 4:14 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Teresa Kvam  
EMAIL: teresak@co.saint-croix.wi.us  
CITY: New Richmond  
STATE: WI  
ORGANIZATION: St. Croix County WIC  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 06, 2006  
Time: 04:13:39 PM

COMMENTS:

I am pleased to finally get changes made to the food package that are consistent with current nutrition science and the 2005 Dietary Guidelines. I support decreasing the juice allowed as well as the replacement of low fat milk for whole milk in those over age 2. I support the \$8 fruit and vegetable allotment, but feel it should not be determined by ounces, but rather dollar amount to keep it easy for both clerks and participants to total. Allowing the jarred baby food is ideal, especially giving the breastfed baby a larger allotment. I would be pleased to be able to offer soy milk, but do not feel that it should need a physician's prescription to be able to do so for children. If RD's can substitute for women, why can't they use their professional judgement to recommend for children. Whole grains are a welcome addition and I believe will be received well. Canned beans will greatly increase participant consumption as they often are unsure how to cook with the dried version.

My problem areas are regards to the having only fully breastfed and fully formula fed packages. I support allowing the breastfed infant up to two cans of powdered formula in the first month as recommended by the IOM report. I fear that with the policy of no formula provided to breastfeeding mothers in the first month, would decrease breastfeeding initiation rates. I also fear that the maximum formula amount for fully formula-fed infants of 21 ounces for the 6-11.9 months would be much below their actual formula intake needs closer to 24-32 ounces. I realize this is a supplemental program, but fear we may be sending the message that we should decrease their formula intake once solids foods are established. I hope to see the changes instituted in a timely manner to expedite the benefit to participants.

LA-1409

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 4:39 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Jamie Short  
EMAIL: jamie@familyplanning.cnchost.com  
CITY: Lewistown  
STATE: Pennsylvania  
ORGANIZATION: Mifflin-Juniata WIC Program  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 06, 2006  
Time: 04:39:09 PM

COMMENTS:

I am writing to express WIC's support for the proposed rule to change the food packages for the WIC Program. I feel that the proposed changes will greatly benefit our mothers, infants and children. The addition of fruits and vegetables as well as dairy and grain alternatives will provide healthier choices and variety to our clients. As a nutritionist I support low fat milk for women and children, however I feel this will meet with much resistance from clients. The reduction of juice for women and children will also most likely meet with resistance, but the addition of fresh fruits and vegetables will most likely offset this. The addition of baby foods to infant vouchers is also a much need addition to the infant food package, and our clients will absolutely love this. One question to consider is the need for whole milk for children who are considered underweight by WIC standards. Will there be any way to provide whole milk for these participants? All in all the changes are great and given the variety and addition of fresh produce we can now provide our clients with all the food groups that we recommend.

---

LA-1410

From: Wychulia Stewart [Wychulia.Stewart@nashcountync.gov]

Sent: Monday, November 06, 2006 5:00 PM

To: WICHQ-SFPD

Subject: "Docket ID Number 0584-AD77, WIC Food Packages Rule" Nash County WIC Program, Nashville, North Carolina

I have been working in WIC for 25 years. (Five years as a Nutritionist and 20 years as a Nutritionist and WIC Director) I am in favor for the Proposed WIC Food Packages changes, adding fruits and vegetables, whole grain bread and other grains, decreasing juice and milk, encouraging the growth of local Farmer Markets and incentives for breastfeeding duration. Since WIC is our nation's main public health nutrition program, hopefully with the food package changes, this will assist in decreasing childhood obesity as well as decrease obesity with women.

---

From: Wychulia Stewart [Wychulia.Stewart@nashcountync.gov]  
Sent: Monday, November 06, 2006 4:11 PM  
To: WICHQ-SFPD  
Subject: "Docket ID Number 0584-AD77, WIC Food Package Rule".

November 6, 2006

Patricia N. Daniels

Director, Supplemental Food Programs Division  
Food and Nutrition Service

USDA

3101 Park Center Drive

Room 528

Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

The \_Nash County WIC Program strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

The intent of the revised regulations is to improve the nutritional health of all WIC participants. The revisions are grounded in sound science, aligned with the 2005 Dietary Guidelines for Americans, support the current infant feeding practice guidelines of the American Academy of Pediatrics and support the establishment of successful long-term breastfeeding. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering food packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable women, infants and children.

The proposed rule reflects recommendations made by the Institute of Medicine (IOM) of the National Academies in its report, "WIC Food Packages: Time for a Change." The rule follows the advice of the Institute, which states that the WIC Program needs to

respond to changes in nutrition science, demographics, technology, and the emerging health concerns in the WIC community. The changes in the proposed rule are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population. The Department's aim is to add new foods while preserving cost neutrality. To cover the cost of the new foods, WIC will pay for less juice, eggs and milk that have been staples of this extremely successful public health nutrition program, which helps feed more than half the infants born in the United States. While there is some disappointment over the Department's decision to pay for fewer fruits and vegetables than recommended by the IOM, we believe that WIC clients will be pleased that there will be more choices in the foods offered.

The proposed rule aims to support breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the infant's first birthday. We do not support the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, we believe that many women will simply choose to formula feed. We recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

We would also suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1). no formula, or 2). one can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures.

The proposed rule provides for complementary infant food fruits and vegetables at six (6) months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding or fully formula feeding as well as infant food meats for fully breastfeeding infants. Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. We urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.

The food package recommendations support scientific research findings, which suggest that increasing fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type-2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as Vitamins A, C, folate, potassium and fiber.

We strongly recommend that the dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables be determined at the discretion of the WIC State agencies.

State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. Flexibility will give States the capability to partner with vendors to promote the maximum number and variety of produce items. Setting an arbitrary vendor stocking level at two as suggested in the proposed rule will not encourage State agencies or vendors to provide the wide variety of fruits and vegetables purchased by WIC consumers as demonstrated in the three highly successful pilot projects recently conducted in California and New York. It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter productive.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose mal-digestion, and those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, we urge levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. We also urge that children be able to receive soy products without the requirement of medical documentation.

The proposed rule to include whole grain bread and other grains for all children and pregnant and breastfeeding women is consistent with the 2005 Dietary Guidelines for Americans which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, we support the IOM recommendation to allow States to make substitutions for "wheat-free" cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

The Nash County WIC Program recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation among State agencies regarding the promulgation of a final rule revising the WIC food packages and without exception. State agencies are looking forward to fully implementing the proposed rule. We recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe of at least one year from the date of publication of the final rule.

Again, The Nash County WIC Program enthusiastically and strongly supports the proposed rule. We are convinced that it will serve to minimize vendor stock requirements, reduce the administrative burden on States and local agencies, encourage

---

the growth of Farmers' Markets, support participant choice, and most important, focus attention on chronic disease prevention and control.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

We look forward to working closing with USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

Wychulia G. Stewart, WIC Director



~~LA-1411~~

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 4:11 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Elaine McDowell RN PHN  
EMAIL: elaine\_m@co.renville.mn.us  
CITY: Olivia  
STATE: Minnesota  
ORGANIZATION:  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 06, 2006  
Time: 04:11:21 PM

COMMENTS:

As a WIC Cooridinator and CPA I deal with the food package almost daily. There needs to be no juice offered, less milk, and more fruits and vegetables. Participants in our area drink way too much juice and eat few F&V. Also alot of families want more cheese than milk and that gets very expensive for the WIC program. I am excited for change and hope the large groups who do lobby can be quiet for a bit and allow the people who work with our participants be heard. Thank you. Elaine McDowell RN, PHN

LA-1412

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 4:01 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Rosalba Bendo  
EMAIL: rbendo@ood.org  
CITY: Ossining  
STATE: New York  
ORGANIZATION: Open Door Family Medical Centers  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 06, 2006  
Time: 04:01:26 PM

COMMENTS:

1. I don't think formula for the first month of life should be denied across the board because many young mothers do not have much support at home and have very little if any knowledge at all about breast feeding. They can be encouraged to breast feed without being afraid that their child will starve. Each case is different and the CPA should be able to make the assessment during certification.
2. Addition of soy milk and tofu couldn't come at a better time but the should really be offered without a prescription.
3. Whole grains and fruits! What a wonderful concept. I think juice could be reduced even a little more.

LA-1413

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 4:26 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Pamela Harbin, RD,MS  
EMAIL: pharbin@ryancenter.org  
CITY: New York  
STATE: NY  
ORGANIZATION: William F. Ryan Community Health Center WIC Program  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 06, 2006  
Time: 04:25:54 PM

COMMENTS:

1. I understand the reason behind the "zero formula policy" for breastfeeding babies, however, I believe that in order to assist some of our participants to exclusively breastfeed, they could possibly need at least a small amount of formula during the first month as breastfeeding issues are solved. I would like to provide 2 cans of formula powder during the first month for an "exclusively breastfeeding baby. For a partially breastfeeding woman, I would like to see 4 cans of powdered formula be issued during the first month.
2. I like the proposed protein alternatives to tuna fish for exclusively breastfeeding moms. I recommend adding canned chicken as a protein alternative.
3. Fruits and vegetables for mom and infant instead of juice is what I recommend too. I also recommend that breastfeeding women (exclusively) receive \$10 worth of fruits and vegetables per month.
4. I also recommend adding cereal to the infant food package not before 6 months of age.
5. I support adding whole grains, but please consider saying a "loaf" instead of 1 pound. It is hard enough for participants to navigate use of checks. Also, I recommend low fat tortillas because fat free are impossible to find.
6. I believe there is too much confusion with all the jumping around with formula quantities at different ages. I understand and agree with cutting down the amounts at 9-12 months of age, but the other formula quantity changes will only confuse and make it extremely difficult to tailor the formula package at different stages. Families would have a very difficult time understanding why and valuable time would have to go to explaining this.

LA-1414

From: Iris Marchante [iema0907@hotmail.com]  
Sent: Monday, November 06, 2006 3:43 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

November 6, 2006

Patricia N. Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Service, USDA  
3101 Park Center Drive  
Room 528  
Alexandria, Virginia 22302

Re: Docket ID Number 0584-AD77 WIC Food Packages Rule

The WIC Program is ready and able to meet the needs of the women, infants and children facing economical and in most cases health hardships in the USA. As a nation we are combating obesity, nutrient deficiency due to poor diets, diabetes, heart disease and many other health related problems due to inadequate and poor nutrition. The best starting point in this battle is the WIC Program, since we see the infants, in many cases, since birth.

The proposed food package changes are an excellent effort toward this goal. However, there are some points that need to be looked at carefully. The proposed changes have to provide some flexibility to each State WIC Program. For example, the soymilk indicated is not available in most states. Another example, bread is not sold by the pound but by the loaf. A third example is tofu. The proposed regulations do not specify the required calcium content of allowable tofu products. Each state should be allowed to research the local options available and choose which products to approve. Revisions are needed in these three points to allow the states some flexibility.

One of the main concerns, as a direct provided to the participants of the WIC Program in the Bronx, is the formula amount indicated for infants throughout the year. First of all, we strongly support breastfeeding. We understand the scientific rationale behind providing different amounts based on the age of the infant. However, this will simply not work. Please simplify this process for the "real life" and change this point to two issuance amounts. In addition, allow the WIC Program to issue at least some formula for the first month of life. As workers in the field, we can tell you that, especially first time mothers, mothers have formula in the home or their infant bags, as a back up plan. The only way that formula can be avoided is to ask Mead Johnson, Ross and Nestle to stop the production of formulas and close their companies.

---

Thank you for the opportunity provided in allowing all concerned to voice their opinions in this important matter. If you would like to come to our agencies and obtain first hand experience our doors are opened at any time.

A. Maggie Dumont, Administrator/WIC Director Iris E. Marchante, M.S.,R.D., Assistant Director/Head Dietitian Magda Ramos, Assistant Director/Outreach Coordinator Mildred Perez Agostini, IBCLC, Breastfeeding Coordinator

St. Barnabas Hospital WIC Program  
2021 Grand Concourse  
Bronx, NY 10453  
Telephone: (718) 901-9510  
Fax: (718) 901-9503

---

Add a Yahoo! contact to Windows Live Messenger for a chance to win a free trip!  
<http://www.imagine-windowslive.com/minisites/yahoo/default.aspx?locale=en-us&hmtagline>

LA-1415

From: Valeria Jacobs Andrews [jacobsva@umdnj.edu]  
Sent: Monday, November 06, 2006 3:58 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
3101 Park Center Drive  
Room 528  
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule."

Dear Ms. Daniels:

The UMDNJ WIC program strongly and enthusiastically supports the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006. The proposed food packages provide WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering foods packages that accommodate participants' cultural food preferences and address the nutritional needs of our nation's most vulnerable; women, infants and children.

The proposed rule aimed at promoting breastfeeding by not providing formula to breastfed infants for one month is in keeping with the New Jersey Health People 2010 objective. This objective is intended to increase the proportion of breastfed infants at hospital discharge. However, in our population demographic we believe that women given the ultimate choice between having formula or not will elect to be categorized as non breastfeeding in order to secure access to formula. This will unravel the great strides of communication and breastfeeding promotion that have been established with our participants. In addition, the UMDNJ WIC program serves medically fragile infants, teenage mothers, mothers returning to school and/or work soon after the birth of their infants as the sole financial resource of their families. If the mothers are partially breastfeeding but are unwilling to express this to the WIC program staff, they will miss out on the unique and sometimes only breastfeeding education and emotional support available to them. We recommend that partial breastfeeding infant formula packages be offered from birth with continued emphasis on breastfeeding education.

Also, if a breastfeeding mother is classified as non breastfeeding to enable access to formula she will be terminated from the WIC program sooner than a mother who is

---

registered as breastfeeding with the program. This will not be in keeping with the New Jersey Healthy People 2010 proposal to increase the percentage of WIC eligible population served by the WIC program.

We look forward to working closely with the USDA to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

UMDNJ WIC staff

Valeria Jacobs Andrews  
Administrator  
UMDNJ/University Hospital WIC Program  
65 Bergen St. Rm GA 06  
Newark, NJ 07107-3001  
tel. (973) 972-7229  
fax (973) 972-5092  
jacobsva@umdnj.edu

Confidentiality Notice: This email communication may contain private, confidential, or legally privileged information intended for the sole use of the designated and /or duly authorized recipient(s). If you are not the intended recipient or have received this email in error, please notify the sender immediately by email and permanently delete all copies of this email including all attachments without reading them. If you are the intended recipient, secure the contents in a manner that conforms to all applicable state and /or federal requirements related to privacy and confidentiality of such information.



LA-1417

November 3, 2006

Our program thanks you for the opportunity to comment on the proposed food package changes.

**We support the following:** whole milk only between 1 and 2 years of age; the addition of fruits & vegetables; addition of canned beans; addition of whole grain products; allowance of salmon and sardines as substitutes for tuna fish; no juice for infants; the introduction of infant cereal at six months of age and the addition of other infant foods.

Our program provides direct services to clients on a daily basis. We would like to address how some of the proposed changes will affect our operation, the local vendors and clients. Rather than varying formula distribution, we feel an equal monthly amount would add less confusion for participants. Breastfeeding mothers in the first month need a supplement option (for example: failure to thrive infants, pumping and dumping for medical complications and delayed breast milk production). The inclusion of 2% milk for children over 2 years of age and adults defeats the New York State *Eat Well, Play Hard* initiative that recommends the change to 1% milk or skim milk. Whole grain only products limit our ability to serve clients with wheat and gluten allergies. Medical documentation of non-medical food items will cause a burden on the medical community and a financial barrier for participants (additional medical visits and co-pays). Please consider additional protein sources for exclusively breastfeeding women (i.e. canned chicken). We applaud the addition of soymilk to the food package. However, the specification for this type of "federal" soymilk is not available for purchase by our food vendors. We strongly agree with Institute of Medicine recommendation for fruits and vegetables dollar values of 8 for children and 10 for women as nutritionally sound and necessary for our clients.

Thank you for considering our challenges.

*Administrative Services*  
598-4717  
[ocoinfo@oco.org](mailto:ocoinfo@oco.org)

*Children's Services*  
598-4711  
[children@oco.org](mailto:children@oco.org)

*Health Services*  
598-4715  
[health@oco.org](mailto:health@oco.org)

*Mental Hygiene Services*  
598-4710  
[mentalhygiene@oco.org](mailto:mentalhygiene@oco.org)

*Services to Aid Families*  
342-1544

*Senior Services*  
598-4712  
[seniors@oco.org](mailto:seniors@oco.org)

*Transportation Services*  
598-4713  
[transportation@oco.org](mailto:transportation@oco.org)

*Youth Services*  
342-7532  
[youthservices@oco.org](mailto:youthservices@oco.org)



LA-1418

**email 10-26-06 from Miranda Ford [Miranda.Ford@state.tn.us]**

To Whom It May Concern:

I know that this proposed rule excludes pharmacies since they provide medically special formula's. However, that may need to be reconsidered. Some pharmacies charge the WIC Program outrageous prices. I have been researching this in Tennessee and have found that we could save a great deal of money. In summary I looked at the month of September, 2006 for entire state for one voucher type(Enfamil Lipil Premature w/iron 24 cal. 3 oz. nursette bottle, Enfamil w/iron 24 cal. 3 oz. nursette bottle and EnfaCare Lipil 22 cal. 3 oz. nursette bottle) and the results was a \$21,000.00 savings if we ordered on line from the Mead Johnson Company which is manufacturer. See attached for details.

Sincerely,

Miranda Ford

Miranda T. Ford  
WIC Director  
Upper Cumberland Region  
Department of Health  
931-520-4220

Our Mission-

To promote, protect and improve the health of persons living in, working in, or visiting the State of Tennessee.

LA-1420

From: WebMaster@fns.usda.gov  
Sent: Monday, October 30, 2006 12:09 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*

\*\*\*\*\*

NAME: Monique Rembert  
EMAIL: mremember1@binghamton.edu  
CITY: Binghamton  
STATE: NY  
ORGANIZATION: WIC  
CATEGORY: Other  
OtherCategory: Breastfeeding Peer Counselor  
Date: October 30, 2006  
Time: 12:08:31 PM

COMMENTS:

I fully agree with all of the proposed changes except limiting the amount of formula given to breastfeeding mothers in the infants first month. As a breastfeeding peer counselor I have experienced mothers who are fearful of not adequately feeding their children, to avoid that they choose instead not to breastfeed at all in order to receive checks. Essentially we are punishing mothers for breastfeeding by telling them that if they breastfeed we will not issue any checks. My suggestion would be to not allow formula checks at all for any woman unless she has a doctor's note indicating a medical necessity within the first infant's month. To ensure proper breastfeeding support and encouragement though breastfeeding peer counselors need to have permission to perform home and hospital visits. Mom's need us most right after their child's birth and approximately 3 weeks later. They will not come to us either, to be successful we must go to them. Unless we reach them at those critical times our efforts are simply in vain.

LA-1421

From: WebMaster@fns.usda.gov  
Sent: Monday, October 30, 2006 11:28 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Karla Burress  
EMAIL: kburress@tchd.net  
CITY: Tremont  
STATE: IL  
ORGANIZATION: Tazewell County Health Department  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: October 30, 2006  
Time: 11:27:53 AM

COMMENTS:

I would like to see whole milk as an option for high risk pregnant women with a risk of "low weight for height" and "low weight gain during pregnancy". Whole milk is an easy way to get extra calories in these high risk women.

EMAIL SENT 11-06-06 FROM Leah Rowland [rowlandl@dhec.sc.gov]

November 6, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

RE: "Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

As a local WIC and Nutrition Director in South Carolina, I concur with the comments and recommendations expressed below by the South Carolina WIC Program in support of the USDA issued proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

The changes in the proposed rule are consistent with nutrition education promoting healthier lifestyles and food selections to reduce the risk for chronic diseases and to improve the overall health of WIC's diverse population. The proposed rule provides for complementary infant food fruits and vegetables at six (6) months of age in varying amounts for those infants who are fully breastfeeding, partially breastfeeding or fully formula feeding as well as infant food meats for fully breastfeeding infants.

I agree that States be given the option to provide the breastfeeding infant, in the first month, with 1) no formula, or 2) one can of powdered formula as recommended in the IOM Report. States would incorporate their option into their existing breastfeeding policies and procedures. Additional funding is needed to acquire more breastfeeding peer counselors to provide intensive support to breastfeeding mothers, particularly in the first few weeks after delivery and further support to extend breastfeeding duration for at least one year as recommended.

Children and women participants will also benefit from the addition of fruits and vegetables through "cash-value" vouchers to purchase fresh and processed fruits and vegetables in the proposed amounts of \$8 for women and \$6 for children. I urge that the dollar amount provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding. I urge USDA to work with Congress to secure increased federal funding in future years to bring the cash value of fruit and vegetable vouchers up to the IOM-recommended levels for children and women, and to keep pace with inflation.

State flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations - such as storage, preparation and cooking options - is paramount. Flexibility will give States the capability to partner with vendors to promote the maximum number and variety of produce items. It is essential that State agencies determine the dollar value of the cash-value vouchers in partnership with vendors to assure appropriate redemption levels.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to those WIC participants who suffer the medical consequences of milk protein allergy, lactose maldigestion, and those with cultural preferences. I also urge that children be able to receive soy products without the requirement of medical documentation. I strongly support the IOM recommendation to allow yogurt as a substitute for milk to help promote the intake of calcium.

The South Carolina WIC Program recognizes that implementing the proposed rule will require good planning and effective communication. Implementation strategies to maximize benefits at every level will need to be inclusive and carefully crafted to achieve success. There is great excitement and anticipation among State agencies regarding the promulgation of a final rule revising the WIC food packages. State agencies are looking forward to fully implementing the proposed rule.

I stand with the South Carolina WIC Program to enthusiastically and strongly support the proposed rule which should serve to minimize vendor stock requirements, reduce the administrative burden on States and local agencies, encourage the growth of Farmers' Markets, support participant choice, and most important, focus attention on chronic disease prevention and control.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding women will greatly aid WIC in improving the life-long health of our most vulnerable women, infants and children.

I look forward to working to fully implement the proposed rule and urge finalization of the rule by no later than the spring of 2007.

Sincerely,

Leah Rowland, MS, RD  
S.C. DHEC Region 3 Public Health Nutrition and WIC Director

LA-1423

From: Elizabeth Rinder [Elizabeth\_Berol\_Rinder@msn.com]  
Sent: Sunday, November 05, 2006 12:57 PM  
To: WICHQ-SFPD  
Subject: WIC Food Packages Rule, Docket ID # 0584-AD77

Dear Ms. Daniels;

As a dietitian who has worked for the WIC program for 15 years, I strongly support the WIC Food Packages Proposed Rule and the USDA's efforts to bring the food packages closer in alignment with the Dietary Guidelines for Americans.

I am a bilingual Spanish speaking professional and can attest to risks for overweight and related health consequences among my Hispanic population. Many do not still understand how fat calories and cholesterol can influence their health. Many are not aware that excess weight, especially for their children, is not necessarily desirable. Daily I also explain to many of my clients the differences among the many milk types available in this country.

In addition I see a large Asian population in one of the clinics I work in; for many milk is used as a substitute for appropriate feeding of young toddlers, who ordinarily are not 'expert' eaters yet. This is seen as problematic so families provide milk to their 2 year olds ad lib in bottles resulting in dental caries, anemia and inappropriate feeding practices.

For these and other concerns I strongly encourage the revisions proposed to the Food Packages: these are based on years of sound nutrition science, the impact of nutrition on the health of infants, children and adults. The proposed packages would offer WIC participants with a wider variety of food choices, allow state agencies greater flexibility in offering foods that accommodate participant's cultural food preferences while addressing the nutritional needs of our nation's more vulnerable women, infants and children.

I strongly encourage the USDA to provide the full fruit and vegetable benefit recommended by the Institute of Medicine. I suggest that the final rule require that the value of the fruit and vegetable benefit receive cost of living adjustments. I recommend that the sodium content in canned or frozen vegetables be limited to no more than 480 mg per serving. (similar to the limitation of added sugars to which cereals are allowed on the food package). In addition I support eliminating juice from the infant package; juice is not a required food for an infant under age 1. Its nutrients can be obtained from breast milk, formula &/or early infant foods, as fruit puree. Oregon currently leads all states in meeting Healthy People 2010 goals for breastfeeding: I certainly would support any revisions to the WIC food packages to provide greater incentives for women to maintain this standard & to continue to support the AAP and WHO recommendations for breastfeeding infants.

The addition of infant food fruit and vegetables at six months of age and older would support the well established research showing increased intake of these food groups is associated with reduced risk for obesity and many chronic diseases such as certain cancers, stroke, cardiovascular disease and type 2 diabetes. Our state currently provides an annual summer fruit and vegetable allowance (of \$20 per family); our exclusively breastfeeding women receive 2 pounds of carrots per month which indicates to me the ability to provide a similar allowance year round.

~~I counsel families with milk protein allergy, lactose intolerance or those with~~  
cultural unfamiliarity with milk products daily. I especially support the proposed food package offering calcium-set tofu and calcium/Vitamin D rich soy beverages as partial substitutions and alternatives for cow's milk and milk products. There is a tremendous opportunity for these persons today with the addition of alternative products once not available to them. We serve many families from countries unfamiliar with dairy products; in addition the large amounts of dairy WIC does provide to families contributes to excess fat calories beyond amounts needed to obtain calcium needs. These substitutes would be in line with recommendations in the Dietary Guidelines to reduce fat intake, meet calcium needs, reduce cholesterol intake.

I also support the promotion of whole grains in the revised food packages. This could be met by promoting those cereals meeting whole grain standards. I would of course support retaining the proposed limit on sugars in WIC cereals. I would also recommend however that States be allowed to make substitutions for 'wheat-free' cereals based on a medical prescription for the individual. Currently for example if a client has a peanut allergy our program can substitute legumes for peanut butter; however if the individual also is allergic to legumes, we have no alternative protein source to offer them.

I am pleased the USDA has come to this day to make revisions to the WIC food packages; implementation often lags science and research. This country and its many programs to help those more vulnerable in our society has an opportunity at this time to bring science, research conclusions and long known recommendations in line with practice. The food industry makes my job increasingly challenging because what I teach is not often seen nor supported in the grocery store, communities, schools and WIC food instruments. The battle against obesity and for health must be supported in Deed as well as word; it must be role modeled and implemented. We have this opportunity now . Please consider the revisions to the Food Packages as this opportunity and I would urge the revisions be implemented as early as Spring 2007.

Thank you kindly.

Sincerely,

Elizabeth Berol-Rinder, MPH, RD  
Multnomah County WIC Program, Portland, Oregon  
600 NE 8th Street, room 230  
Gresham, OR 97030



~~LA-1424~~

From: Dsinaba@aol.com  
Sent: Sunday, November 05, 2006 2:40 PM  
To: WICHQ-SFPD  
Subject: "Docket ID Number 0584-AD77, WIC Food Packages Rule"

Dear Ms. Daniels:

I am a WIC Nutritionist from the Yakima Valley in Washington State who strongly supports the USDA issued proposed rule governing the WIC Food Packages published by the Federal Register on August 7, 2006.

Coming from a farm family I strongly support the addition of fruits and vegetables and whole grains to the WIC food packages. I agree with the recommendations sent by our WALWICA agency in Washington State regarding their suggestions for the Proposed WIC Food Packages Rule.

I hope the proposed rule can be finalized as soon as possible so our WIC clients can have more fresh fruits and vegetables from our farming community by May of 2007.

Sincerely,

Diane Inaba, RD,CD,CDE  
WIC Nutritionist/Supervisor  
Yakima Valley Farm Workers Clinic

~~LA-1425~~

From: CNDPROPOSAL  
Sent: Thursday, January 04, 2007 8:29 AM  
To: WICHQ-SFPD  
Subject: FW: Public Submission

Comment received in CND Proposal mailbox.

-----Original Message-----

From: no-reply@erulemaking.net [mailto:no-reply@erulemaking.net]  
Sent: Monday, November 06, 2006 2:16 PM  
To: CNDPROPOSAL  
Subject: Public Submission

Please Do Not Reply This Email.

Public Comments on Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages:=====

Title: Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages FR Document Number: 06-06627 Legacy Document ID:  
RIN: 0584-AD77  
Publish Date: 08/07/2006 00:00:00  
Submitter Info:

First Name: Shirley  
Last Name: Hutchison  
Mailing Address: 3017 181st Ave N.E.  
City: Redmond  
Country: United States  
State or Province: WA  
Postal Code:  
Organization Name: Local WIC Agency Program Coordinator

Comment Info: =====

General Comment: These comments offer strong and enthusiastic support of the USDA proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

I do not support the recommendation to pilot test the food package for the partially breastfeeding woman. With a delay in implementation of this package, I believe that many women will simply choose to formula feed. I recommend that the fully breastfeeding, partially breastfeeding and fully formula feeding woman's food package changes be implemented concurrently.

I suggest that States be given the option to provide the breastfeeding infant, in the first month, with 1) no formula, or 2) one can of powdered formula as recommended in the IOM Report.

I urge that the dollar amount of "cash-value" vouchers provided to the fully breastfeeding woman be increased to \$10 to match the IOM recommendation. This would provide further incentive and support for breastfeeding.

I strongly support the Institute of Medicine's recommendation to provide \$10 per month of fruits and vegetables for pregnant and postpartum women and \$8 for children. The increased cost could be offset by further reductions in the amount of juice for adults.

I strongly encourage the purchase of U.S. grown fruits and vegetables with WIC checks. It is essential that State agencies determine the dollar value of the cash-value vouchers for fruits and vegetables in partnership with vendors to assure appropriate redemption levels, and to save already tight Nutrition Services dollars. Printing of multiple voucher instruments in small denominations is costly and counter productive.

To ensure that the WIC program provides optimal opportunities to WIC clients to purchase fresh fruits and vegetables from their local farmers markets, and to secure as much nutritional value from the use of the proposed fruit and vegetable voucher program, please ensure that USDA does no harm to the WIC Farmers Market Nutrition Program (WIC FMNP), either through reducing current funding levels or establishing rules, systems, or procedures at the federal or state levels that would adversely affect the operation or effectiveness of the WIC FMNP.

I strongly support allowing state agencies to authorize farmers markets as vendors so farmers can accept WIC checks for fruits and vegetables, and eggs, dairy products and whole grains if available. This will be a great economic support to Washington's small family farms.

I support farmers markets being allowed to participate as seasonal vendors, being exempt from the "WIC only" cost containment requirement, and not be required to carry a full-range of WIC food package products.

When farmers' markets are authorized as vendors, a joint authorization process shall be used for WIC and WIC FMNP to increase cost efficiency and to ensure farmers and farmers markets that are currently authorized under state WIC FMNP procedures are eligible for vendor status under the fruit and vegetable voucher program.

States operating the WIC FMNP shall be allowed the option to transfer some or all WIC fruit and vegetable funds from the WIC program to their FMNP, as recommended by the National Association of Farmers' Market Nutrition Programs.

States shall be encouraged to work with local and statewide food policy councils or already established advisory groups to develop the most effective and responsive system possible for operating the fruit and vegetable voucher program.

I support the level of milk equivalents provided in the proposed regulations.

The proposed food packages offer calcium-set tofu as well as calcium- and vitamin

D-rich soy beverages as partial substitutions and alternatives for milk. These alternatives will prove to be particularly beneficial to our WIC participants who

suffer the medical consequences of milk protein allergy, lactose intolerance, and

those with cultural preferences. Currently, there are no calcium-fortified soy-based beverages on the market that meet the proposed protein and potassium standards. Accordingly, I and my nutritionist colleagues urge levels of 6.25 grams

of protein and 250 milligrams of potassium per 8 ounce serving as alternative minimum standards in order for WIC women and children to be able to include soy. I also urge that children be able to receive soy products without the requirement of medical documentation.

The proposed rule to include whole grain bread and other grains for all children and

pregnant and breastfeeding women is consistent with the 2005 Dietary Guidelines for Americans which recommend that refined grains be replaced with whole grains. In order to accommodate the medical needs of certain participants, I support the IOM recommendation to allow States to make substitutions for wheat-free cereals based on a medical prescription and urge the Department to include such a provision in the final rule.

Implementing the proposed rule will require good planning and effective communication. I recommend that USDA partner with State agencies and the National WIC Association to assure a reasonable and flexible implementation timeframe of at least one year from the date of publication of the final rule.

WIC is our nation's premier public health nutrition program. The long-term benefits of providing participants with fruits and vegetables, lower fat dairy products and whole grains, as well as additional incentives for fully breastfeeding

women, will greatly aid WIC in improving the life-long health of our most vulnerable

women, infants and children. Again, I commend the proposed changes and look forward to finalization of the rule by no later than the spring of 2007.

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 11:29 AM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*

\*\*\*\*\*

NAME: Tenly J.S. Petrino RD  
EMAIL: tenly.petrino@hhs.sccgov.org  
CITY: Los Gatos  
STATE: CA  
ORGANIZATION: Santa Clara County Public Health, Nutrition and Wellness, WIC  
Program  
CATEGORY: Other  
OtherCategory: WIC Public Health Nutritionist, individual comment  
Date: November 06, 2006  
Time: 11:28:44 AM

COMMENTS:

The Proposed rule would benefit the WIC program Participants by allowing the purchase of foods corresponding to the nutrition counseling given at WIC visits. The rule change would allow WIC professionals to better guide the meal planning and food purchases of our participants. I strongly recommend passage of the proposed rule. I also recommend that the food package be reviewed and revised according to the "Guidelines for Americans" every 5 years.

LA-1432

---

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 10:07 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Meghan Whitaker  
EMAIL: whitakerm@clinicasierravista.org  
CITY: Bakersfield  
STATE: CA  
ORGANIZATION: Clinica Sierra Vista  
CATEGORY: Other  
OtherCategory: Both WIC Dietitian and former participant  
Date: November 06, 2006  
Time: 10:07:25 PM

COMMENTS:

I whole-heartedly support the update of the WIC food package as both a Dietitian and former WIC participant. Many health, religious and cultural concerns will be addressed when this update is successful. I wish that these changes would have taken place when I was eligible for WIC services, but I am happy to be part of this positive change for the clients we serve.

From: Jo Kadrmas [jokadrmas@yahoo.com]  
Sent: Tuesday, October 17, 2006 1:40 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

To Whom it May Concern:

I fully support the proposed changes to the WIC (Women, Infant, and Children) Nutrition Program food packages. Most importantly, the proposed food packages will help promote breastfeeding amongst new mothers. Breastfed babies are healthier babies. In addition, the proposed food packages closely follow the new Dietary Guidelines and MyPyramid recommendations. This will help ensure that WIC participants are receiving food items for optimal health and nutrition. I believe our clients will embrace the proposed food packages, especially because they will be able to purchase fruits, vegetables, whole grains and canned beans.

Thank you for your time.

Sincerely,

Jo Marie Kadrmas, LRD, CLC  
WIC Program Nutritionist

---

Stay in the know. Pulse on the new Yahoo.com. Check it out.

From: george sward [glmsward@juno.com]  
Sent: Saturday, October 21, 2006 6:48 PM  
To: WICHQ-SFPD  
Subject: WIC food pkg rule: Docket#0584-AD77

I wanted to comment on the proposed changes to the WIC food package. I am a dietitian and breastfeeding coordinator for a program of ~24,000 caseload. I have worked for WIC for ~22 years.

I am very pleased to see the proposal for inclusion of fruit/vegetables as a year round part of the pkg. Currently we only have a small farmer's mkt program at our agency and most of our participants cannot take advantage of it. This will be a great benefit. I am happy to see less juice, as we often counsel clients to reduce juice consumption (all the while we issue them juice checks!). I am not adverse to reducing milk and cheese, although I believe this will be an unpopular change with many of our clients. I think the whole grain option will also encourage many clients to try something new and healthful. I am unsure of the practicality of providing tofu or soy milk . . . rarely is this a request in our area.

I am very pleased with the reduction of infant formula volume, especially to breastfed infants. It is extremely difficult to convince women to exclusively breastfeed when there is free formula available for the asking in the first month. One month w/o formula will enable our BFing mothers to establish their milk supply, hopefully enabling them to BF more and longer.

Thank you for eliminating whole milk for >2yr (or proposing to do so).  
It is the only way some clients will make the switch.

All in all I am pleased with the proposals. I sincerely hope that they can be put into effect and that the commodity lobbyists will not have the final word.

Thank you,  
Linda Sward, RD, CLC



From: WIC Clinic 4822 [WIC04822@odh.ohio.gov]  
Sent: Tuesday, October 24, 2006 1:54 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Package Rule

Hello, I wanted to comment on the proposed changes to the WIC food packages. I've only been working with WIC since July of this year, but I have to say that I'm all for the proposed changes. In particular, I would love to see the addition of fruits and vegetables to replace a significant portion of juice for children and eliminate the juice completely for infants. I think the amount of juice that we give to participants (though it's not extraordinary) sends mixed signals. Many Moms that I see think that juice is a perfectly acceptable alternative to eating fruits and vegetables! Thanks.

Rachel Pendergrass  
Rivereast WIC Dietitian  
Lucas County, Ohio

LA-1436

From: lactation1@earthlink.net  
Sent: Tuesday, October 24, 2006 2:47 PM  
To: WICHQ-WEB  
Subject: FW: Package Rules:Docket I.D. # 0584-AD77, WIC Food

lactation1@earthlink.net  
EarthLink Revolves Around You.

----- Original Message -----

From: lactation1@earthlink.net  
To: WICHQSFPD@fns.usda.gov  
Sent: 10/22/2006 2:15:17 PM  
Subject: Package Rules:Docket I.D. # 0584-AD77, WIC Food

Patricia N. Daniels, Director  
Supplemental Foods Programs Division  
Food & Nutrition Services, USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

Dear Ms. Daniels,

I am writing in support of the proposed changes to the WIC Food Packages. I do have one concern that is peanut butter. Peanuts are a known allergen, including peanut butter in packages for children under age 3 should be reconsidered. Peanut butter can also be a choking hazard.

The packages for breastfeeding mother/baby dyad are a welcome change.

The WIC Program has been supportive of breastfeeding. The Peer Counseling Program was instituted to increase the duration rate. Many of the breastfeeding mothers return to work within six weeks of giving birth. To help mothers continue to breastfeed, would not it be more cost effective to provide them with a breast pump ?

The number of premature babies is on the rise. Would the WIC program consider a voucher for pasturized human milk? It is well established that these fragile babies and those with medical conditions do better with human milk. Mothers are not always able to pump effectively, necessitating the use of formula.

My background, Licensed Dietitian for WIC for 22 years 6 of which I was the breastfeeding coordinator for a health district in Georgia.

Thank you for the opportunity for input.

Sincerely,

Catherine Raymond, M.S., L.D, IBCLC  
3924 Stanton Trail  
Marietta, GA 30062

[lactation1@earthlink.net](mailto:lactation1@earthlink.net)

EarthLink Revolves Around You.

LA-1437

From: Fred Oberholtzer & Audrey Hess [fredaud@copper.net]  
Sent: Tuesday, October 24, 2006 9:49 AM  
To: WICHQ-SFPD  
Subject: Docket ID number 0584-AD77, WIC Food Packages Rule

Dear USDA,

I write to commend you who have been working hard on the research and proposals regarding the changes in the WIC food packages.

I worked for the WIC Program in Baltimore County, MD in 1995 and now for three years at the SCCAP WIC Program in Adams County, PA. As a registered dietitian, I studied many things regarding human nutrition, and work to continue to update my own understandings of a wholistic approach to nutrition. Lately I have found it hard to reconcile what I understand as important nutritional principles on issues such as the superiority of non-chemically produced whole grains and fresh fruits and vegetables and of grass-fed animal products, as well as mother's milk as the standard food for human infants with issuing vouchers for infant formulas, fruit juices, processed cereals and grain-fed-and-confined-animal produced dairy products and eggs.

I have looked over parts of the National Academies' Institute of Medicine report, "WIC Food Packages: Time for a Change" and am very impressed with the research and issues discussed there. I recognize that there are many factors that need to be taken into account, such as expense and participants' food-purchasing/use habits, but given the fact that WIC is a Nutrition Education program, I think we need to be bold in respect to challenging participants to truly make the changes that the latest research tells us is healthy. For example, fruit juices are such concentrated sources of sugar and are so over-consumed that it would be more appropriate for 100% of the previous allocation for the highly processed (and expensive) fruit juices to be replaced with the dollar vouchers for fresh fruits and vegetables. There should be the allowance to use the fruit and vegetable dollars for organically produced items, and our education should highlight the benefits of locally produced items whenever available. Additionally, I would suggest that there be an opportunity for WIC participants to be taught about -- and have the WIC vouchers reflect -- the nutritional and health benefits of animal products produced by cows, chickens and other animals eating grass and having free range, as compared to those who are confined and provided an unnatural diet of only grain. I'm not sold on the label of "organic" as answering all of these concerns, but in many cases it at least reflects that less harmful substances have been involved in the production of a given food, and the practices in its production are more earth-friendly than conventionally produced foods. In respect to the heavy use of infant formulas, I think that the proposed additions to the exclusively breastfed infant's food package are one good step, as well as the reduction in amount of cans of supplemental formula for "partially breastfed" infants. I know that for

infants not receiving all milk as mother's milk, there is the danger of less-appropriate things than infant formula being offered, but I would encourage that research be done regarding the potential to increase the amount of truly exclusively breastfed babies by the WIC Program's not offering a partial-formula option.

Thanks again for all of your work and for your consideration of the above suggestions as ways to take the opportunity of change to even more fully reflect current nutritional ideals. I welcome any questions or feedback.

Sincerely,  
Audrey Hess, RD, LDN, WIC Nutritionist  
WIC Program  
South Central Community Action Program  
153 North Stratton St.  
Gettysburg, PA 17325  
(717) 334-7634, ext 132  
email: [fredaud@copper.net](mailto:fredaud@copper.net)

Docket ID Number 0584-AD77, WIC Food Packages Rule  
From: Rickabaugh, Hannah  
[Hannah.Rickabaugh@metrokc.gov]  
Sent: Wednesday, October 25, 2006 5:00 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Hello,

I am writing from the Downtown Seattle WIC office in the Downtown Public Health Center. I am a WIC Clerk in this office and wanted to send a comment regarding the proposed changes to the food packages.

My only comment (and concern) is that removing formula from the first month of checks for partially breastfeeding women might encourage more clients to choose a full formula package. I am wondering if this change was proposed in order to encourage full breastfeeding. That would be great if it resulted in more exclusively breastfed babies. However, it might have the opposite effect if clients have to choose between getting no formula or all formula on their food packages.

Thank you for your time and consideration.

Sincerely,

Hannah Rickabaugh  
Administrative Specialist II  
Downtown Public Health Center  
WIC Program  
2124 Fourth Avenue  
Seattle, WA 981221  
Ph: 206-296-4981  
Fx: 206-296-3140

From: Cristina\_Scally@doh.state.fl.us  
Sent: Wednesday, October 25, 2006 4:27 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

To Whom It May Concern:

I am writing to you to comment on the proposed WIC Food Package changes. As a dietitian working for the WIC program I cannot express how important these changes will be for our clients. One of the major nutrition education promotions we have been emphasizing is the "5-a-Day" campaign. Including fruits and vegetables in the WIC Food Packages will provide a significant reinforcement of the nutrition education principals we are encouraging our clients to adopt. I also hope that other whole grain items will be added as well. And the addition of soy beverage with added calcium, and tofu products will be helpful in serving our ever growing vegetarian population. I thank you for your time and consideration in this matter.

Sincerely,

Cristina

Cristina Scally R.D., L.D.  
Public Health Nutritionist Supervisor  
WIC & Nutrition Program

Confidentiality Note: The information contained in this e-mail is confidential or privileged material and is intended only for use by the individual or entity to whom they are addressed. Use or distribution of information contained in this document by any other individual or entity not intended to receive this is strictly prohibited. If you have received this e-mail in error please notify the sender thereof and delete the message. Florida Department of Health

From: Sue Thornton, RN [judie888@hotmail.com]  
Sent: Wednesday, October 25, 2006 3:12 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

I agree that the WIC Food Packages are due for a change, hopefully for the better. However, how will WIC be able to cut food costs and offer fresh fruits and vegetables?? Will the participants receive less food?? Our clinic often has problems keeping participants on the program for the amount of food that they do receive--I would hate to see them get less.--Illinois.



From: WebMaster@fns.usda.gov  
Sent: Thursday, October 26, 2006 4:10 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Sheila Lee  
EMAIL: saje357@aol.com  
CITY: San Leandro  
STATE: Ca  
ORGANIZATION: Alameda County Public Health Department, CA  
CATEGORY: WICSStaff  
OtherCategory:  
Date: October 26, 2006  
Time: 04:09:43 PM

COMMENTS:

I have worked as a Nutrition Assistant in WIC programs for the last 10 years. Personally, I have always felt the existing WIC food package indirectly promoted and contributed to rapid weight gain, tooth decay and inadequate fruit and vegetable intake in children's diet due to allotted amounts of juice and milk. The proposal to offer families fresh fruits and vegetables will assist parents in their efforts to establish healthier food choices. These changes will undoubtedly result in lowering the risk of obesity and early juvenile diabetes in future children on the WIC program. Parents over the years have repeatedly asked why the WIC program doesn't offer fruits and vegetables? Fruits and vegetables are too costly for many families forcing families to purchase less healthier snack choices, in order, to stay within their budgets. The proposed changes will also follow and support the new dietary recommended guidelines coming in 2007. I'm ecstatic about the proposed changes to the program's food packages, which are long overdue. I'm confident you will support these changes taking part in future reduction of childhood obesity in the U.S. Thank you for supporting these changes in advance.

Sheila Lee, NA

From: WebMaster@fns.usda.gov  
Sent: Thursday, October 26, 2006 3:29 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Cynthia Mrazek  
EMAIL: cmrazek@co.boulder.co.us  
CITY: Boulder  
STATE: Colorado  
ORGANIZATION: Boulder County Public Health/WIC  
CATEGORY: WICSASaff  
OtherCategory:  
Date: October 26, 2006  
Time: 03:28:48 PM

COMMENTS:

I am in favor of changing the WIC food package to include a variety of other foods. As a WIC educator, I have heard many participants express interest in fruits and vegetables, bread, and alternatives to cow's milk, such as soy milk. I love the idea of canned beans, instead of dried and I like the option for tofu as well. The other area of interest I have heard expressed time and time again, is the desire for organic milk. There are now a few national store chains, that carry an organic store brand milk.

From: Laura Zelinski, CLC [lzelinski@mhsl.org]

Sent: Thursday, October 26, 2006 12:31 PM

To: WICHQ-SFPD

Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

To Whom It May Concern:

I applaud the efforts of including fruits, vegetables, baby foods, salmon, sardines, whole grain products and soy products on the WIC checks. My concerns are as follows. At times it is necessary to recommend whole milk to some participants. Reasons may vary from being under weight, to helping a lactating moms achieve proper calorie intake for the day. I would recommend allowing clients to choose which ever type of milk they prefer. In our clinic here, some individuals would just stop drinking milk if they are forced to drink 2%, 1% and/or especially skim milk. This is an on going battle. Also, I see the formula packages for breastfeeding moms limits the amount of formula given to 312 oz per month. Although I whole heartily support the effort to stress breastfeeding over formula, I believe that this would be very discouraging to some breastfeeding mothers. At times a mom may feel as if they are being forced into a decision they may not follow through with. To have the safety net that we will still support them after breastfeeding may stop opens many pregnant mother's up to trying breastfeeding in the first place. This is a double edged sword. Although our intentions are good, it doesn't appear supportive on paper.

Sincerely,

Laura Zelinski, CLC

414-550-6083

From: Cjzev@aol.com  
Sent: Friday, October 27, 2006 1:35 PM  
To: WICHQ-SFPD  
Cc: jzevenbergen@dph.sbcounty.gov  
Subject: Docket Number 0584-AD77, WIC Food Package Rule

Dear Ms. Daniels,

Thank you for the opportunity to provide comments on the USDA's proposed regulations that substantially revise the WIC Food Packages. I have worked for the San Bernardino County WIC Program for almost 20 years and have seen our caseload increase from 7,000 to 78,300 in that time. I commend the Department for proposing these important changes to WIC that are consistent with the 2005 Dietary Guidelines for Americans and align with the American Academy of Pediatrics infant feeding recommendations. I believe that, when implemented, these changes will greatly strengthen the WIC program's ability to improve the nutrition and health status of millions of women, infants and children across the nation.

I strongly support the proposal to reduce the amount of infant formula for all infants over the course of the first year, but especially to partially breastfed infants in order to better align WIC with current recommendations from the American Academy of Pediatrics. WIC for many years has been viewed as a "formula distribution" program for infants by both parents and health professionals. As a registered dietitian and lactation consultant, it is frustrating when having to deal constantly with infants who have developed an intolerance to infant formulas that were marketed as "just like breast milk." Because WIC has provided formula for so long, it is viewed by both the public and medical community as equivalent to breast milk. Many of the infants we see are never even given the chance to receive mothers own milk. I can't help but think that WIC has contributed to the obesity issue our country is now facing by encouraging an unhealthy infant feeding practice because we have provided the formula.

The proposal provides stronger incentives for continued breastfeeding by providing less formula to partially breastfed infants and providing additional types of food for breastfeeding mothers. I agree completely with the recommendation to not routinely provide formula during the first month of breastfeeding. Formula will always be around, it is not going away, but a mothers own milk, will disappear as the mother relies more and more on the formula and less on her ability to produce milk and feed her infant. It is a well known fact that about one-fourth of WIC mothers start supplementing with formula by the end of the first week and half supplement by the end of the second week.

I applaud the recommendation to start complementary foods at six months of age, rather than at four months and encourage USDA to provide stronger incentives for fully breastfeeding mothers. The proposal to reduce juice and replace it with infant food at six

months will support recommendations by the American Academy of Pediatrics for introducing infants to fruits and vegetables at the appropriate age. The provision of whole grains and soy options will allow WIC to better serve California's extremely diverse young families. The inclusion of lower-fat milk and less cheese and eggs not only supports adequate calcium intake, but also lowers saturated fats and cholesterol in accordance with current dietary guidelines.

I urge USDA to conduct its analysis of the comments on the Proposed Rule in a timely manner and publish a final rule by the middle of 2007. I strongly support providing WIC mothers and young children with cash vouchers to purchase fresh fruits and vegetables as recommended by the Institute of Medicine (IOM) Report: "WIC Food Packages: Time for a Change." While the IOM recommended \$10/ and \$8/month cash vouchers, the proposed rule reduced this amount to \$8/ and \$6/month in order to achieve overall cost neutrality. I urge USDA to work with Congress to secure increased federal funding in future years to bring the cash value of these fruit and vegetable vouchers up to the IOM-recommended levels, and to keep pace with inflation. This change, whether in line with IOM or the proposed rule will enable WIC families to purchase and increase their consumption of fruits and vegetables.

All of these proposed changes will strongly reinforce WIC breastfeeding and nutrition education messages, as well as address the cultural food preferences among our diverse population nationwide. I look forward to working with USDA to implement these improvements in the food package. These changes will be a major policy lever to improve community food security, address the obesity epidemic, and help low-income families make healthier food choices. This proposal will ultimately have a positive impact on the health of women, infants and children across our nation.

Sincerely,

Jeri Zevenbergen, MPH, RD, IBCLC  
Breastfeeding Coordinator,  
San Bernardino County WIC Program

From: Nancy Keim [keimn@lpha.dhss.mo.gov]  
Sent: Friday, October 27, 2006 9:56 AM  
To: WICHQ-SFPD  
Subject: "Docket ID Number 0584-AD77, WIC Food Packages Rule,

10-27-06

I am sending this E-mail to express my support for the proposed food package changes to the WIC program. As a Registered Dietitian, WIC Nutritionist, and former WIC participant, I see the benefits of these changes from several perspectives.

The variety of foods included in the food packages and the emphasis on whole grains and less juice brings the WIC food packages in line with the nutrition recommendations that I try to give to my clients based on My Pyramid. The proposed food packages would allow parents and caregivers material and tangible support to carry out the nutrition recommendations they are given for their health and that of their children. The changes to infant packages should go far toward encouraging breastfeeding more infants for longer periods.

My only concern with the proposed changes is that they will not be implemented fully and quickly. Many of my WIC clients have expressed a desire to receive more variety of foods.

I appreciate the opportunity to give my input.

Sincerely,

Nancy Keim

Nancy Keim, MS, RD, LD  
WIC Nutrition Coordinator/Nutritionist  
Stoddard County Public Health Center  
Bloomfield, MO 63825  
573-568-4593, ext. 2  
keimn@lpha.dhss.mo.gov

From: Rosemary Fleenor [rfleenor@sullivanhealth.org]  
Sent: Wednesday, November 01, 2006 9:14 AM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

The new food packages are really a great and exciting change for our WIC program. Everyone is looking forward to seeing a move toward healthier foods and giving different choices to our participants. It's obvious that there were a lot of well educated nutrition advisors that helped create these changes. You have my support and I look forward to educating our clients on the great changes.

Sincerely,

Rosemary Fleenor  
Breastfeeding Coordinator  
Sullivan County, TN, WIC Program

From: Anderson, Nancy [NAnderson@OperationThreshold.org]  
Sent: Thursday, November 02, 2006 5:25 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77 WIC Food Package Rule

I am in general very pleased with the food package rule changes. Replacement of some of the fruit juice with fruits and vegetables is an excellent improvement. However I do see some potential problems with implementation of this because fresh fruits and vegetables do not come in even dollar amounts in the stores and I do not believe that they should. This will potentially result in difficulty for store clerks and participants receiving the maximum amount of fruits and vegetables that they are entitled to.

My greatest concern is in the changes to the infant food package. No more fruit juice is excellent, but decreasing formula to our participants seems to be a good idea on paper, but a poor idea in reality. Currently our participants need to buy one or two cans or powder formula a month after 3 months of age. If the formula is decreased further, I am concerned that we will see infants fed even more cow's milk, fruit drinks, and over diluted formula. Although the proposed package includes jar foods, we, at the local level, encourage our parents to mash and puree table foods to save money. For overall nutrition, I do not feel that jar foods can replace formula or breast milk for nutritional value. I would also recommend that breast feeding women be allowed one can of formula if needed at least initially. Breast feeding success or failure has much deeper causes than whether or not a woman has access to one can of formula.

The addition of canned beans to the food package is great. I know that many of the dried beans purchased are never used.

Thank you for having the courage to undertake such a major change in the food package. WIC is a great program and I hope that the changes, when implemented, will make WIC an even more successful program.

Nancy Anderson

WIC Director



From: Karen Martz [KMartz@cdhd.idaho.gov]  
Sent: Thursday, November 02, 2006 11:03 AM  
To: WICHQ-SFPD  
Subject: Comments re: Docket ID Number 0584-AD77, WIC Food Packages Rule

Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service  
USDA  
3101 Park Center Drive  
Room 528  
Alexandria, VA 22302

Re: "Docket ID Number 0584-AD77, WIC Food Packages Rule"

Dear Ms. Daniels:

Central District Health Department in Boise, Idaho is very excited about and strongly supports the USDA proposed rule governing the WIC Food Packages published in the Federal Register on August 7, 2006.

While we support this effort to align the WIC food packages with the IOM recommendations, we do have concerns regarding parts of the proposed rule as noted below.

Ø The quantity of infant formula provided on the package should be consistent over the first year of life, or be provided at one level from newborn to 6 months and at a reduced level from 6 to 12 months. Clients will better understand and accept this change in quantity and it will make it easier for computer programming.

Ø No formula should be provided for the first month of life of a breastfeeding baby.

Early introduction of formula, before 4 to 6 weeks of age, often interferes with establishment of breastfeeding. Our experience is that most mothers usually receive formula from formula manufacturers and/or medical staff after delivery.

Ø "Wheat-free cereal" should be available on the food package when medically necessary. We are seeing more clients with diagnosed gluten insensitivity.

Ø Medical documentation should not be needed for children to receive soy milk.

---

~~The population that we serve is growing more diverse and more people either cannot tolerate cow's milk in any form or it is not culturally accepted.~~

Ø The amount of infant fruits and vegetables and infant meats offered for infants is excessive, especially on the fully breastfed infant food package. WIC is meant to be a supplemental program and should continue to be that in terms of the amount of food offered. Also, the amount proposed could quite possibly lead to waste and/or misuse through trading or giving the food away.

Ø The dollar denomination of the fruit and vegetable cash-value vouchers and the minimum vendor stocking requirements for fruits and vegetables should be determined at the discretion of the state WIC agencies.

Thank you for the opportunity to comment on the revised regulations concerning the WIC food packages. We look forward to implementing these changes for the health of our clients by the beginning of fiscal year 2008.

Sincerely,

Karen Barnard Martz, RD, LD, MPH  
CDHD WIC Program Manager

From: Bino Hasija [HASIJAB@dhec.sc.gov]  
Sent: Thursday, November 02, 2006 10:45 AM  
To: WICHQ-SFPD  
Subject: Docket No. 0584-AD77 (Comments on the proposed changes to WIC food packages)

We represent the Northwoods Health Clinic in Region 7, Charleston, South Carolina and we provide WIC services to majority Hispanic population in this area.

We are extremely happy to see the proposed changes to the WIC food packages and support the committee members who have recommended the new guidelines to reflect the current Dietary Guidelines for Americans.

Keeping in mind our experience with our local WIC population we would like the committee to consider the following comments:

- \* Increase cash value of vouchers for Package VII Fully Breastfeeding Women to \$15
- \* Provide an option to substitute extra beans for peanut butter for Package VII Fully Breastfeeding Women (reflect the dietary habits of the Hispanic population)
- \* Decrease the formula for Fully Formula fed infants ages birth to 3 months. In our opinion this will enhance breastfeeding duration because new moms (especially Hispanic populations) will not feel the need to introduce so much formula, simply because it is available through the WIC program. In fact many stop breastfeeding, because they feel that the formula, since it is provided through the WIC program, is the more appropriate option for their infants.

**11-02-06 email from Binoo Hasija [HASIJAB@dhec.sc.gov]**

### Comments for Proposed WIC Food Package Changes

We represent the Northwoods Health Clinic in Region 7, Charleston, South Carolina and we provide WIC services to majority Hispanic population in this area.

We are extremely happy to see the proposed changes to the WIC food packages and support the committee members who have recommended the new guidelines to reflect the current Dietary Guidelines for Americans.

Keeping in mind our experience with our local WIC population we would like the committee to consider the following comments:

- Decrease the formula for Package I, Fully Formula fed infants ages birth to 3 months. In our opinion this will enhance breastfeeding initiation and duration because new moms (especially from the Hispanic population) will not feel the need to introduce so much formula, simply because it is available through the WIC program. In fact many Hispanic moms stop breastfeeding, because they feel that the formula, since it is provided through the WIC program, is the more appropriate option for their infants.
- Continue to keep the decreased formula package through 6 months (no change for 4 to 5 month infants).
- To use the extra funding (savings from lowered formula issuance for Package I) for incentives for breastfeeding moms.
- Increase cash value of vouchers for Package VII Fully Breastfeeding Women to \$15
- Provide an option to substitute extra beans for peanut butter for Package VII Fully Breastfeeding Women (to accommodate the dietary habits of the Hispanic population)

Thank you for considering our comments

1. Sharon Spriggs, IBCLC, RLC Breastfeeding Coordinator (Working with WIC for 12 years)
2. Dawn Parish, BS, Nutrition Educator (Working for WIC for 12 years)
3. Binoo Hasija, BS, Nutrition Educator (Working for WIC for 11 years)

From: Winnie Webb-Costello [webbcost@msu.edu]

Sent: Friday, November 03, 2006 12:47 PM

To: WICHQ-SFPD

Subject: docket ID number 0584-AD77, WIC Food Package Rule

I am supportive of alternatives to Tuna especially for our breast feeding mothers. I do not support no formula at all for breast feeding mothers. I do support, teach, and encourage exclusive breast feeding beginning at birth. However, a mother may perceive an "all or NOTHING" message if they do not have some alternative feeding method if they have trouble in the beginning days with common problems such as sore nipples and engorgement. With intervention by a knowledgeable nurse, doctor, L.C. or peer counselor or family member or friend, most new moms do very well. We can't be sure that help will come quickly on the very day the mother needs help. What will we be able to offer the new mom when a Dr. specifically orders the baby with high jaundice numbers off the breast or the mom had a medical issue that separates her from the baby? Some formula from WIC is going to be much less expensive than having all of these mothers calling for free hand pumps to harvest milk for what ever reason. Many times in my experience I have had mothers with some formula available but they do not choose to use it. However, there seems to be some level of reassurance for them "just in case they need it" they can get formula from WIC. The attitude of no formula will make moms exclusively breast feed is not true. The moms who are undecided may very well decide on the formula because they won't want to take a chance on having to buy their own formula if they "can't"

breast feed. We need much more education for moms and a change in the attitude of society in general that breast feeding is the normal, natural way to feed a child before a directive of no formula from WIC when the mother is breast feeding. The more moms who choose to artificially feed with formula will produce less healthy children. Medical costs will continue to skyrocket for infants and mothers. The decision to prevent breast feeding women from being able to get formula is not a good one. thank you .  
Winnie Webb-Costello Breastfeeding  
Peer Counselor Monroe County  
Monroe, Michigan. 734-240-3178.

From: no-reply@erulemaking.net  
Sent: Monday, November 06, 2006 7:20 PM  
To: CNDPROPOSAL  
Subject: Public Submission

Please Do Not Reply This Email.

Public Comments on Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages:=====

Title: Special Supplemental Nutrition Program for Women, Infants and Children (WIC):  
Revisions in the WIC Food Packages FR Document Number: 06-06627 Legacy  
Document ID:  
RIN: 0584-AD77  
Publish Date: 08/07/2006 00:00:00  
Submitter Info:

First Name: Amy  
Last Name: Agiato  
Mailing Address:  
City: Ozone Park  
Country: United States  
State or Province: NY  
Postal Code: 11417  
Organization Name:

Comment Info: =====

General Comment:<p>As a Nutritionist and Lactation Consultant for the WIC Program, I have been following the proposed changes to the WIC food package very closely. I am pleased with the addition of fruits and vegetables for our participants, as well as the reduction in the amount of juice provided in the food package. I am very happy about the elimination of juice in the infant food package. These changes, paired with the decrease in the amount of milk provided, and a provision that the milk must be fat-reduced after 24 months of age, are in line with the current dietary recommendations. I applaud those who contributed to this effort. </p> <br> <p>I have concerns though, about the proposed method for rounding powdered infant formulas. I foresee several problem with the method outlined in the proposed rule. Since the can sizes and reconstituted ounces of formula differ for each infant formula on the market, I am concerned about the possibility of overissuance when an infant requires a change to their infant formula. I am also foreseeing difficulties with the parents/caretakers of the infants receiving formula.

---

As the amount of formula has, thusfar, remained the same over the infant's first year, I think that many parents will find it difficult to understand why the amount of formula received fluctates from month to month. The method of rounding as indicated in Exhibit G of the proposed rule (corrected version) for Mead Johnson's Enfamil LIPIL yields 9,8,9,9 cans for the first 4 months, 10,9 for months 5 through 6, and 7,6,7,6,7,7 for the remainder of the first year of life. I am certain that a parent will ask why there are decreases, followed by an increase a month later.

Why does the formula decrease for month 2? Why does the formula increase as the infant apporaches 1 year? Consider rearraing the issuance of the formula during the three food packages. The first 4 months could provide 8,9,9,9 cans, as infants do not require such a large amount of formula in the first month. The second food package is fine the way it is, 10 & 9 cans. The final infant food package also needs a little rearranging. Providing the higher amounts of formula first, and decreasing the amount as the infant appoaces the first birthday, 7,7,7,7,6,6. At this point, an infant is eating a variety of other foods, and the parents should be tapering the amount of formula given to the infant to prepare them for the weaning process. This method of formula distribution will help the

parent to naturally decrease the formula. I am quite concerned about the amount of time these changes will take to explain to the participants/ parents. As it stands, there is so little time available for nutritional counseling, especially for the participants with multiple risk factors. How will we provide Value-Enhanced Nutrition Assessments to our participants when our time is spent justifying these changes? I am also concerned about the expense to the state WIC agencies to make these changes to the computer systems. Will these programming projects divert funds form the statewide caseload, the breastfeeding promotion and support or the money for program administration? </p>  
<br> <p>The food packages for breastfeeding women is fantastic, especially for the fully breastfeeding moms. I do not feel, though, that the amazing food package will be enough to sway a woman to fully breastfeeding, especially in the first month postpartum. The women that we serve are, generally, more concerned about their infants than themselves. A mom having only the option of enrolling her newborn as fully breastfeeding or fully formula feeding will likely enroll as fully formula feeding to receive formula, even if she never gives the formula to her infant. It is accepted that most women, including our participants, know that breastfeeding is the best way to feed their infant, yet nearly every parent of a WIC participating newborn, whether nursing or not, requests formula. Many of the physicians and nurses in the hospitals do not promote breastmilk as the food of choice for infants, and as such, the moms are not getting the encouragement that is necessary during the crucial time when mom and baby are in the hospital. In our agency, we are fortunate to have two IBCLC's on staff, as well as several nutritionists who have taken certification courses in breastfeeding support and management. Even with this luxury that I am sure many other WIC agencies do not have, we still have requests from 97% of our mothers for formula. Some just want a little, others feel that they need more. Piece of mind is worth more to a new mother than the value of the food package. I foresee a great deal of difficulty with the propsed change that an infant be certified as either fully breastfed or fully formula fed for the first month. The "partially" breastfed children will be certified as fully formula feeding so mom can have a few cans of formula in the home. I think it is a wonderful

---

idea to cap the amount of formula a breastfeeding infant will be able to receive, but I am sure that many of the parents will not be satisfied with the change. An agency's breastfeeding rates are sure to fall as a result of these changes. Will this decrease cause the agency to lose part of the funding for their breastfeeding program? Alternately, the WIC CPA should have the ability to issue a small amount of formula (2-3 cans of powdered formula) to a fully breastfed infant as needed without having to change the classification to fully formula fed.

As Competent Professional Authorities, we have the knowledge and the training to tailor the food package to the needs of the family, please do not take this ability away from the WIC CPA. </p> <br> <p>If WIC is 'getting out of the formula business' than it needs to 'get into the breastfeeding support business'. I see the need for large amounts of money to fund and staff the breastfeeding programs at the local agencies, and a large increase in funding to the Enhanced Peer Counselor program. While I see this change as a step in the right direction, WIC has to do much more to promote and support breastfeeding for the families and the community than cut the amount of formula available to an infant. </p> <br>



LA-1453

---

From: Donna Ross [DROSS@co.shelby.tn.us]  
Sent: Monday, November 06, 2006 4:41 PM  
To: WICHQ-SFPD  
Subject: Comments

Attachments: TEXT.htm

November 6, 2006

Dear National WIC Association;

It has been a great pleasure working with the WIC Program over the years and in looking at the upcoming changes in the program I am excited to see the official changes in the packages. I think it is wonderful the introduction of Fruits, Vegetables, and Meats on the Breast-fed infants package. Thanks for the refreshing change.

Donna Holmes-Ross  
Breast-feeding Counselor  
Memphis & Shelby County Health Department

11-06-06 email from IVIS HERRERA [IHERRERA@jhmc.org]

The Nutrition Staff of The Jamaica Hospital Medical Center WIC Program have read and considered the proposed changes to the WIC Food Packages. While we feel that the food packages are in desperate need of change, there were a few issues, which we felt should be consider further.

**Allowing Farmers' Markets to accept WIC checks for fruits and vegetables**

We applaud the addition of fruits and vegetables to the WIC Food Package. The change is in line with the current recommendations for increased consumption of fruits and vegetables. This addition will greatly benefit the low-income families that WIC serves, as the prices of fruits and vegetables can be prohibitive for some families.

We think it would be beneficial to allow the Farmers' Markets to accept WIC checks for fruits and vegetables during their operating season as well as allowing the WIC authorized stores to accept the checks. The Farmers' Markets allow greater access to fresh fruits and vegetables, with greater variety. While the supermarkets offer several varieties of fruits and vegetables, the smaller neighborhood stores, which many of our participants frequent, do not have adequate space or turnover rates to provide several alternatives for our participants. We think that this addition to the food package would be best received if participants truly have options as to the types of produce they are able to receive and if the cash value of the voucher is increased to \$10.00 – 12.00.

**The addition of canned beans to the WIC Food Package**

We are pleased with the proposed option of canned beans in the WIC Food Package. Our participants have been asking for years for the inclusion of canned beans as this allows for a more frequent consumption of iron, protein and fiber, without the extensive cooking process associated with dried legumes. Though this option may be a bit more expensive, it is money well spent. This will allow a greater number of families to choose beans as an option as opposed to peanut butter for their children.

**Whole Grains requirement for WIC foods**

In response to the recommendation for consumption of at least three servings per day of whole grains to reduce the risk of Coronary Heart Disease and Type 2 Diabetes Mellitus, to increase intake of dietary fiber and to aid in body weight maintenance, the proposed changes to the WIC Food Package include the addition of whole grain breads and whole grain cereals for children, pregnant and breastfeeding women. Our Nutrition staff applauds the inclusion of whole grain breads and their alternatives in the WIC Food Package. In addition to the documented health benefits of whole grains, the addition of such foods will make the WIC Food Package more attractive to eligible families.

---

We do, though, have two concerns with this issue. First, is the requirement that the foods meet the FDA Standard of Identity, that the food must contain a minimum of 51% whole grains. Our Nutrition staff is concerned about the impact on the types of cereals that will be available to our participants. Participants with celiac disease, gluten- or wheat-intolerance will have very limited choices for the types of foods which can be purchased. This rule will virtually eliminate the corn and rice based cereals for our participants. We feel strongly that there should be a provision to allow for a special issuance of corn or rice based cereals when medically necessary, with appropriate documentation, as is currently in place for the "homeless food package".

Our second concern is regarding the nomenclature used for classifying bread; pounds rather than loaves. The familiar package for bread is loaves, the store employees as well as the participants are accustomed to classifying bread in terms of loaves. We feel that the wording on the WIC Checks should be "loaf or loaves", and that the weight should be listed separately, such as on the WIC Acceptable Food Card.

### **Juice**

Our Nutrition staff whole-heartedly supports the decision to remove the juice from the infant food packages, as well as the reduction in quantity of juice available in the children's and women's food packages. We are happy with the inclusion of fruits and vegetables in place of juice in the food packages, as juice does not provide nutritional benefits to our participants above that which is provided by whole fruits and vegetables, and without the beneficial dietary fiber.

### **Food Package III for Medically Fragile Participants**

We are encouraged by the inclusion of WIC foods that are not medically contraindicated to the food package for our medically fragile participants. A patient with a documented need for an exempt formula currently receives only the formula, WIC juice and WIC cereal. This new rule will ensure that this participant can also receive fruits and vegetables, eggs, beans or peanut butter, whole grain bread, milk alternatives and canned fish, as appropriate for the category of the participant, and if medically appropriate, thus increasing the available nutrients for the participant.

### **Documentation from Health Care Provider**

We do not foresee a lot of problems in obtaining extra documentation for the issuance of regular foods to medically fragile participants. Under the current rule they are required to obtain detailed notes/prescriptions for exempt formulas. Also they visit their health care provider on a regular basis.

We do, however have a mayor concern with the new rule requiring documentation from the health care provider to issue soy alternates to children and women participants. In our experience many of the participants using soy products do so because of preference. The new rule will not allow participants to choose foods they perceive to be healthier, and are promoted by health care providers as a healthier alternative to animal sources of protein and calcium. We ask the USDA to not require documentation for the issuance of soy alternates to healthy children and women participants.

---

### **Uneven rounding of Powdered Infant Formulas**

Based on the description of the proposed rounding of powdered infant formulas as listed in Exhibit G of the Federal Register dated August 7, 2006, the uneven distribution of infant formula may be problematic for participants, vendors, and local agency staff. While rounding to the next whole container of powdered infant formula will provide the maximum amount of formula to a participant, we foresee problems with this approach. The parents/caretakers of the affected infants will certainly have concerns with the perceived decrease in the formula for their infants. Our nutrition staff is concerned about the potential for over-issuance of formula and the re-issuance of formula in the case of a formula change. Additionally, the staff is quite concerned about the impact this change will have on the amount of time available for nutrition counseling. If our time is spent explaining the rationale for the uneven issuance of formula, the amount of available time remaining to discuss infant nutrition is decreased dramatically.

A possible alternative to the example given in Exhibit G for Enfamil LIPIL would be to taper the formula over the food packages. Exhibit G lists the amount of formula cans as IF-FF-A 9,9,8,8, IF-FF-B 10,9, IF-FF-C 7,6,7,6,7,6. As an alternative, we are suggesting IF-FF-A 8,8,9,9, IF-FF-B 10,9, IF-FF-C 7,7,7,6,6,6. This retains the same amount of reconstituted formula for each food package, but the number of formula cans increase and decrease in line with the changing needs of the infant, increasing at months 3 and 5, decreasing thereafter as solid foods are added to the infants diet. This method will not only provide adequate nutrition to the infant, but will likely be better received by the parents since the reduction in the amounts of formula coincide with the inclusion of other foods, infant cereals, and fruits and vegetables.

Additionally, we are concerned about the expense to the states for the re-design of the WIC computer systems. Would this hefty expense be at the detriment of the available caseload for WIC, the WIC Food Package, or the funds available for breastfeeding promotion and support or WIC Program Management?

### **Partially Breastfed Infants**

The proposed rule states that no formula is to be issued during the first month of life. While we promote, support and provide many different services to breastfeeding mothers, i.e lactation consultants, peer counselors and breast pump programs we find that many women experience situations that make exclusive breastfeeding difficult, especially during the first month postpartum. Many of the mothers that we serve return to work almost immediately after delivery and do not work in a safe and/or appropriate environment. Some work in nail or hair salons where the sanitary conditions are not always optimal for pumping. Others do not have breaks that allow ample time to eat lunch and use a breast pump.

Also there are many women with histories of breast surgeries (most often reductions) that may need to supplement their infants with formula because their ability to produce an adequate supply of breast milk was hindered. Mothers of low birth weight and/or slow weight gain infants may also need to supplement as prescribe by their health care provider.

We ask the USDA to allow the Nutrition staff to exercise their professional discretion in the issuance of formula during the first month of life to partially breastfed infants. Or, at the very least we ask that these infants be allowed to receive one or two cans of powdered formula. We also ask the USDA to support a more extensive peer-counseling program. The addition of the enhanced peer-counseling program at our agency improved our breastfeeding rates by 5 percentage points. We thank the USDA for the grant that New York State received and asked that this program be fully funded for every WIC Agency across the nation.

-LA-1455-

From: kklipman@aol.com  
Sent: Monday, November 06, 2006 11:53 AM  
To: WICHQ-SFPD  
Cc: kklein@co.johnson.ia.us  
Subject: Docket ID number 0584-AD77, WIC Food Package Rule

Nov 6, 2006

Food and Nutrition Service  
USDA  
Patricia N. Daniels  
Director, Supplemental Food Programs Division  
Foo  
3101 Park Center Drive  
Room 528  
Alexandria, VA 22302

Docket ID Number: 0584-AD77-WIC Food Packages Rule

Dear Ms. Daniels:

I am a WIC dietitian with 2 and a half recent years experience in Iowa City and Davenport, Iowa and 5 years experience from 1980-1985 in Waterbury, CT. On the whole, I welcome the new food package. The proposed changes will greatly benefit vulnerable mothers and children.

I am pleased that the proposed rule closely reflects the science-based recommendations of the Institute of Medicine published in their April 2005 report entitled, WIC Food Packages: Time for a Change. The changes reflected in the proposed rule are also consistent with the 2005 Dietary Guidelines for Americans and national nutrition guidance including those from the American Academy of Pediatrics.

I agree that the changes in the proposed rule are a significant step forward and will improve the overall health of WIC mothers and children by contributing to reductions in obesity and other diet-related chronic diseases. In particular:

- a.. I support adding fruits and vegetables to the food packages of women, infants and children while reducing the amount of fruit juice provided. Increased consumption of fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as Vitamins A, C, folate, potassium and fiber.

- a.. I support the quantities of dairy products and eggs offered in the proposed rule. These quantities meet the 2005 Dietary Guidelines for Americans. I agree that alternative

calcium sources such as soy beverage (soy milk) and tofu are necessary additions to the food packages to address milk protein allergy, lactose maldigestion, personal preferences, and cultural diversity of the WIC population. Many times we could give clients an appropriate beverage, as their children drink only soy milk.

I remain troubled that establishing any proposed maximum quantity of formula for partially breastfeeding infants appears to ignore the reality that many breastfeeding WIC mothers return to work or school and find themselves in environments that are not conducive to or supportive of expressing breastmilk. The quantities in the proposed rule would provide 12 ounces, 14.5 ounces, and 10 ounces per day based on the three food packages. Very few breastfeeding mothers, especially those in school or the workforce on a full-time basis, could successfully combine breastfeeding and formula-feeding with these amounts of formula unless they can also regularly express breastmilk during their work day. These women may have no choice but to request additional formula and thereby forfeit the additional infant fruits, vegetables and meats for older infants and a food package for themselves. The intended incentive nature of these food packages cannot compete effectively with schedules or environments that do not support continued breastfeeding.

I have had countless numbers of women who were not successful at exclusively breastfeeding and need to supplement with formula. I worry that they may quit breastfeeding totally if the proposed rule stands.

Sincerely,

Karen Klein, MPH, RD, LD, FADA  
1201 Hunters Run  
Iowa City, IA 52246

---

Check out the new AOL. Most comprehensive set of free safety and security tools, free access to millions of high-quality videos from across the web, free AOL Mail and more.

LA-1456

From: WebMaster@fns.usda.gov  
Sent: Monday, November 06, 2006 12:29 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
\*\*\*\*\*

NAME: Patricia St. Onge RN, Public Health Nurse  
EMAIL: pstonge@vdh.state.vt.us  
CITY: Morrisville  
STATE: Vermont  
ORGANIZATION: Vermont Department of Health - Morrisville Office  
CATEGORY: WICLocalAgency  
OtherCategory:  
Date: November 06, 2006  
Time: 12:28:43 PM

COMMENTS:

Our local Health Department is pleased with the proposal for changes to the WIC food package which would include adding whole grains, and fruits and vegetables.

Please consider the following comments in regards to specific USDA changes and IOM recommendations.

We feel that requiring medical documentation to substitute soy beverages or tofu creates an unnecessary obstacle for families to acquire supplementary foods.

Reconsider including yogurt as another dairy option. Many individuals currently decline milk completely and would accept yogurt even at a higher substitution rate.

Food vouchers to encourage consumption of fruits and vegetables is a great addition. We would encourage that the Farm to Family Program be continued in addition to this.

On the proposed formula changes, we suggest that the maximum amount of supplemental formula be continued until 7 months of age. Since we are encouraging delay of solid foods until 6 months of age, this would allow more time for the infant to be consuming adequate amounts of foods before the formula is reduced.

Thank you for your consideration of these ideas.

Patricia St.Onge RN,PHN  
VDH - Morrisville, VT



LA-1457

From: Drew Forni [DrewForni@hotmail.com]  
Sent: Tuesday, November 07, 2006 1:01 AM  
To: WICHQ-SFPD  
Subject: WIC Food Pkg Changes

Thank you, thank you, thank you. I am an RD, working in WIC for about 20 years in Illinois. Thanks for the changes in milk, although there should perhaps be an allowance for the underweight clients to still receive whole milk....

The fruits and vegies are huge, for all ages, from infants to adults--what a first! Clients have asked about this for years, and so have we! The canned beans option is greatly appreciated, as well as the additional choices of fish for exclusively breastfeeding women.

Whole grain breads and tortillas--whoever thought we'd see those??

I do have one question about the type of "medical" documentation that would be needed for the choice of soy beverage, or tofu...could there perhaps be guidelines instead on the types of these food choices...it doesn't really seem to be a medical issue....

Also, thanks for the promotion of more breastfeeding, by the availability of additional items to those moms and babies....

A hearty thank you to the team members, task forces, etc. who worked on these terrific changes--let's all hope to continue to make a difference in the lives of many of our young families, as we have been for many years!

Ruth Forni, RD, LDN.

LA-1458

From: Irene Peters [hipeters@hotmail.com]  
Sent: Tuesday, November 07, 2006 2:56 AM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Package Rule

Dear Sir or Madam,

I am writing to express my concern about the recommendation to add strained foods to the WIC benefits package for infants 6-12 months old. I have worked for WIC for 10 years as an eligibility worker, previously in Idaho and now in Nevada. Although I am not a nutritionist, because of my knowledge about nutrition and my experience with teaching WIC parents, I was asked to develop the nutrition class plans for the WIC program of Saint Mary's Hospital here in Reno, NV.

There is no evidence that babies 6-12 months need strained foods in order to be well nourished. Soft mashed table foods for babies 6-9 months and small pieces of soft foods for babies 9-12 months are more developmentally appropriate. The custom of feeding strained foods was based on the incorrect belief that babies needed to be started on solid foods as soon after birth as possible in order to prevent anemia. Now that the American Academy of Pediatrics, the World Health Organization, and other professional and medical organizations recommend waiting until six months to start solid foods, strained foods are not necessary. Further, teaching infants to eat strained foods can do them harm.

An editorial in the Journal of Tropical Pediatrics in February, 1976 (Vol. 22, No. 1), pointed out that the use of special baby-foods "can undermine the mother's confidence in herself and the family table as a provider for her infant." The author, Eben H. Hipsley, M.B.B.S., former Medical Officer In Charge, Nutrition Section, Australian Department of Health, said that "almost all adult foods are suitable items to be included in the diets of children over six months of age." He encourages young children to dine with the family and to share its fare. He writes, "How can a child distinguish between a pea and a bean, a pumpkin and a potato, when his vegetables are mixed up with his meat? How can he learn how these foods are obtained, prepared and cooked unless these processes become part of his experience? Such experiences are the foundation of nutrition education."

Starting six-month-old babies on strained foods can undermine the goal of getting baby to enjoy a varied diet. A 2001 British study of more than 9,300 babies found that those who were introduced to solids with lumpy textures between the ages of 6-9 months were less likely as toddlers to be picky eaters and more likely to eat common family foods. Without the stimulation of coarser foods, a baby may fail to develop the proper swallowing skills needed to eat lumpy foods, and may be at risk for developing oral aversion. A study by Illingsworth and Lister found that if

-babies are not given the opportunity to chew food before nine months of age, they have more difficulty learning to chew later on.

A study by Oski and Landaw found that when human milk was mixed with strained baby food, absorption of iron from human milk was significantly decreased.

Most six month old babies are beginning to teethe and like to bite and chew on everything. They take an active interest in what their parents are eating and reach out to try to grab food from them. The babies themselves show us that they are ready for nutritious table food.

This is what I think may happen if WIC begins to provide strained fruits, vegetables and meats to babies 6-12 months old. The babies will become accustomed to the taste and consistency of strained foods and may resist changing to normal foods. Because there is nothing to chew they will not develop chewing skills at the appropriate age. When the strained foods are abruptly withdrawn at the age of 12 months after the babies' food habits are pretty well set, many babies will decrease their food intake and become vulnerable to anemia and stunted growth.

Rather than provide strained foods to 6-12 month old infants WIC food package, give vouchers for fresh fruits and vegetables the same as recommended for children 1-4.9 years old. Give vouchers for protein foods such as dry beans and lentils, cheese, and soft meats such as chicken and hamburger.

Sincerely,

Irene Peters  
31 Wisteria Ct.  
Reno, NV 89511

---

All-in-one security and maintenance for your PC. Get a free 90-day trial!

[http://clk.atdmt.com/MSN/go/msnnkwlo0050000002msn/direct/01/?href=http://www.windowsoncare.com/?sc\\_cid=msn\\_hotmail](http://clk.atdmt.com/MSN/go/msnnkwlo0050000002msn/direct/01/?href=http://www.windowsoncare.com/?sc_cid=msn_hotmail)